

EXHIBIT F



**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
88 PLAN**

**NEUROLOGY/NEUROPSYCHOLOGY
NEUTRAL PHYSICIAN PANEL
ORIENTATION MANUAL**

August 2018

CS-00309

CONTENTS

| | |
|--|----|
| PREFACE | 1 |
| NEUTRALITY | 2 |
| OVERVIEW OF BENEFITS | 3 |
| A. Total and Permanent Disability (T&P) Benefits | 3 |
| B. Line-of-Duty Disability (LOD) Benefits | 3 |
| C. Neurocognitive Disability Benefits | 4 |
| D. 88 Plan | 5 |
| SCHEDULING AND EXAMINATION PROCESS | 6 |
| EXAMINATION STANDARDS | 7 |
| WRITTEN REPORTS | 9 |
| A. T&P Report Form (EXHIBIT 4) | 9 |
| B. LOD Report Form (EXHIBIT 5) | 10 |
| C. Neurocognitive Report Form (EXHIBIT 6) | 10 |
| D. 88 Plan Report Form (EXHIBIT 7) | 10 |
| NEUROCOGNITIVE TEST BATTERY | 11 |
| PRACTICAL CONSIDERATIONS | 13 |
| EXHIBITS | 14 |

PREFACE

Welcome to the neutral neurologist/neuropsychologist panel of the NFL Player Disability & Neurocognitive Benefit Plan, Bert Bell/Pete Rozelle NFL Player Retirement Plan and 88 Plan ("NFL Player Plans"). There are a number of other panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding current benefit programs, performing assessments and completing the appropriate reports needed for the Plans to make decisions regarding a Player's benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- William Garmoe, consulting neuropsychologist, at William.S.Garmoe@medstar.net
- Stephen Macciocchi, consulting neuropsychologist, at snmphd@windstream.net
- Silvana Riggio, consulting neurologist, at silvana.riggio@mountsinai.org
- Sam Vincent, NFL Player Benefits Office, at svincent@nflpb.org
- Lashay Rose, NFL Player Benefits Office, at lrose@nflpb.org

NEUTRALITY

The NFL Player Plans strive to ensure that every Player who is referred for evaluation is fully and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

- personally evaluate Players and conduct appropriate testing following the standards described in this manual;
- personally review and evaluate all records provided;
- personally complete necessary report forms and comprehensive narrative reports for each Player evaluated in a timely manner, and no later than 10 days after the examination;
- conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player;
- apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from other standards you may use in other areas of your practice;
- verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately;
- refrain from participating in any other NFL or NFLPA program, such as the NFL concussion litigation;
- refrain from publicly discussing the Plans and the evaluation programs;
- have no conflict of interest that would impact their evaluations;
- be judicious in public and professional forums with regard to comments, interviews, and talks that could create the appearance of bias about concussions, neurocognitive impairment, athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You should not examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past. The evaluations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You also may provide contact information for the NFL Lifeline program to a Player.

OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician, and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan. The 88 Plan is subject to HIPAA, because it is a health plan. Players sign a HIPAA authorization when they apply for 88 Plan benefits.

A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation. In some cases, however, causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. You also may be asked by the NFL Player Benefits Office if a particular Player's totally and permanently disabling condition is caused by a substance abuse disorder or a psychiatric condition. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. With respect to the neurology and neuropsychology specialties, a substantial disablement is a **permanent** disability that is **the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system**.

In other words, in connection with an application for LOD benefits involving neurology or neuropsychology allegations, the NFL Player Benefits Office will ask you three things: (1) whether the Player's impairment constitutes a major functional impairment or a surgical removal of a vital bodily organ or part of the central nervous system; (2) whether that

impairment arises out of League football activities (which excludes activities in high school, college, and other football leagues), and (3) whether that impairment is permanent, meaning it has persisted or is expected to persist at least 12 months from the date of its occurrence, excluding any possible recovery period. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

C. Neurocognitive Disability (NC) Benefits

For a Player to receive NC benefits, he must meet the criteria for “**Mild**” or “**Moderate**” neurocognitive impairment.

“**Mild**” neurocognitive impairment is defined as

“objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.”

“**Moderate**” neurocognitive impairment is defined as

“mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.”

A Player’s neurocognitive impairment does not need to be related to NFL participation. Therefore, you should not address this subject in your reports. An exception exists for substance abuse and psychiatric conditions. If a Player’s neurocognitive impairment is caused by substance abuse or a psychiatric condition, he is not eligible for the NC benefit. If a Player’s neurocognitive impairment is not caused by substance abuse or a psychological condition, he may qualify for the benefit even if he abuses substances or has a psychiatric condition.

Each Player will be examined separately by a neurologist and neuropsychologist, who will complete separate reports of their respective examinations and who also will complete a joint neurology/neuropsychology report form. Accordingly, the neurologist and neuropsychologist must communicate verbally, determine whether the Player meets the criteria for Mild or Moderate neurocognitive impairment, and indicate whether substance abuse or psychiatric conditions are the cause.

Validity testing is an important component of NC benefit eligibility. Every Player will be administered two free standing validity tests. A Player who fails both of those validity tests (currently, the TOMM and MSVT) will not be eligible for NC benefits. A Player who fails only

one validity test may be eligible for NC benefits, but only if the neuropsychologist provides a satisfactory explanation for why the Player should receive the benefit despite the failed validity test. The neuropsychology report form asks about validity testing, as does the Joint Report Form.

D. 88 Plan

Unlike the other benefits, the 88 Plan is a medical reimbursement program. Instead of receiving a monthly benefit, the 88 Plan reimburses Players for qualifying medical expenses.

A Player becomes eligible for 88 Plan reimbursements upon a determination that he has dementia, Parkinson's disease, or amyotrophic lateral sclerosis (ALS). For 88 Plan cases, you will be asked to determine whether the Player has one of the three diseases, using specified diagnostic criteria set forth at EXHIBIT 1. For Dementia, the criteria are taken from the National Institute on Aging/Alzheimers Association's 2011 paper titled *The Diagnosis Of Dementia Due To Alzheimer's Disease: Recommendations From The National Institute On Aging-Alzheimer's Association Workgroups On Diagnostic Guidelines For Alzheimer's Disease Criteria for All-Cause Dementia*.

In cases where you are asked to perform an examination, you will have to complete a report form. There is no requirement that the disease(s) be related to participation in the NFL. We ask that you refrain from discussing any connection with NFL football activities in your reports.

SCHEDULING AND EXAMINATION PROCESS

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination they have confirmed with you. The case manager will then send you medical records the Player has submitted with his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P, LOD, NC or 88 Plan) via encrypted email. You must certify in writing that you have reviewed all the application(s) and medical records provided to you for each Player examined

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. The Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for a no-show fee.

EXAMINATION STANDARDS

The following examination standards apply across all of the NFL Player Plans previously described.

- You should evaluate only the conditions/issues that the Players have identified in their application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. Players with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
 - In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the NFL Player Benefits Office may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous. For example, a neurologist might say “due to severe depression and anxiety, the Player should be evaluated by a neutral psychiatrist to determine if he qualifies for T&P benefits.”
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable major depression and/or other psychiatric disorders and that he may benefit from a psychiatric consultation.
- Review all medical records provided to you by the NFL Player Benefits Office. Except for imaging studies, Players should not bring medical records with them to the examination. All medical records should come from the NFL Player Benefits Office.
- Players are expected to fully participate in and cooperate with examinations.
- Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office.
- Players also are not permitted to record examinations under any circumstances.
- If a Player acts inappropriately or threatens you or any other Plan neutral physician, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts, you may immediately call emergency personnel and/or escort the Player to the emergency department

For the 88 Plan only, neuropsychological examinations are not limited to the strict battery of tests applicable to the other benefits, as described in more detail on page 11.

WRITTEN REPORTS

Each of the four benefits has a different report form that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

The T&P and LOD forms will be completed by you alone. The NC forms will be completed by you and a colleague, who is also a neutral examiner. In some cases, Players will apply for one or more benefits at the same time and you will be required to complete multiple forms. For instance, if Players apply for LOD and NC simultaneously, you will be required to address criteria for both NFL Player Plans in your report and fill out the respective forms for both NFL Player Plans. You will confer with your counterpart neurologist/neuropsychologist only for the NC benefit, and complete the T&P or LOD assessment on your own.

In addition to the report forms, you are expected to provide a narrative report of your examination. The following rules apply generally to such narrative reports:

- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on treating physician, neuropsychologist or vocational expert reports in the record, to the extent you disagree with the views in such reports in any material way.
- Provide a clear and definitive conclusion regarding the benefits at issue, following the standards described above.
- Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
- You should state in your report how many pages of records were included for review.

For your use, a neurology narrative report template is at EXHIBIT 2 and a neuropsychology report template is at EXHIBIT 3.

For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

A. T&P Report Form (EXHIBIT 4)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and state whether each such impairment **"has persisted or is expected to**

persist for at least 12 months from the date of its occurrence,” excluding any possible recovery period. You will also be asked to state whether the Player is **substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the Player from working. If you find the Player is able to work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with a detailed narrative, identifying the medical records provided to you, certifying that you have reviewed those medical records, describing the Player’s medical history, listing the medical tests you performed, and so on.

B. LOD Report Form (EXHIBIT 5)

The LOD report form is similar but different from the T&P report form. When completing the LOD report form you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to state whether the Player has a major functional impairment based on his neurological functioning (neurologist) or neurocognitive functioning (neuropsychologist).

C. NC Report Form (EXHIBIT 6)

The NC benefit requires the examining neurologist and neuropsychologist to complete independent reports of their examinations and to collaborate on a joint report form. On that joint report form, you will be asked to state whether the Player has “Mild” or “Moderate” neurocognitive impairment and whether such impairment is caused by psychiatric disorder or substance use. The form also permits you to state that you cannot determine whether neurocognitive impairment is present due to validity test problems.

D. 88 Plan Report Form (EXHIBIT 7)

The 88 Plan has a specific form for reporting on Dementia. That form is tailored to the definition of Dementia used by the 88 Plan.

In some cases, a neuropsychological examination will not be performed, but if one is performed, the Report Form (page 4) specifies a number of reporting requirements, including tests administered, raw scores and normative scores.

The 88 Plan does not have specific forms for cases involving ALS or Parkinson’s Disease. In cases involving these diseases, you should provide a thorough and clear narrative report, stating whether the Player meets the diagnostic criteria for these diseases.

NEUROCOGNITIVE TEST BATTERY

The same test battery is used for T&P, LOD, and NC assessments. The current test battery consists of these tests:

- Wechsler Adult Intelligence Scale - IV (WAIS-IV)
 - Similarities
 - Information
 - Block Design
 - Visual Puzzles
 - Digit Span
 - Arithmetic
 - Symbol Search
 - Coding
- Test of Pre-Morbid Functioning (TOPF)
- Wisconsin Card Sorting Test (WCST)
- Delis-Kaplan (D-KEFS): Trail Making (TM), Verbal Fluency (VF) and Color-Word Interference (CWI) subtests
- Boston Naming Test (BNT)
- Wechsler Memory Scale - IV (WMS-IV)
 - Logical Memory I and II
 - Visual Reproduction I and II
- California Verbal Learning Test – II (CVLT-II)
- Rey Complex Figure Test (RCFT) - Copy
- Medical Symptom Validity Test (VSVT)
- Test of Memory Malingering (TOMM)
- Minnesota Multiphasic Personality Inventory-2-Reformulated Version (MMPI-2RF)
- Beck Depression Inventory, 2nd edition (BDI-II)
- Beck Anxiety Inventory (BAI)
- Clinical Interview

Examiners are not permitted to alter or substitute tests prescribed by the test list for T&P, LOD, and NC assessments. Additions and substitutions to the test battery are not permitted. All Players must be administered the same test battery, but there may be instances where Players

cannot complete tests due to sensory or motor problems such as achromatopsia (color blindness). In such cases, clinical judgment is required to determine if Players can comply with the demands of the test in question. In contrast to the T&P, LOD and NC test battery, the test battery used for the 88 Plan is up to the discretion of the examiner. There is a recommended test battery in the Physician's Report Form for Dementia.

Neuropsychologists are permitted to use psychometrists pursuant to the policy at EXHIBIT 8. You will be required to identify the psychometrist on your report and on the NC report form. At the current time, there is no specified order in which tests are to be administered, but clinical judgment should be exercised when administering all tests regarding test order, Player arousal and fatigue as well as stress involved in the examination. The typical time frame for an examination is somewhere between 6 – 7 hours depending on how rapidly the Player completes tests and how many breaks are required during the examination. Most Players are cooperative and complete the examination within this timeframe, but in some cases, Players take multiple breaks and the examination may take longer to complete. While the neuropsychological test battery is fixed, there is no structured clinical interview requirement. Consequently you can address whatever clinical information you feel relevant in forming your opinions.

PRACTICAL CONSIDERATIONS

1. Familiarize yourself with the benefit at issue, and the benefit criteria, in advance of each exam, so you are sure to address these criteria in your interview and report.
2. In some cases, the Player will have had prior neuropsychological testing, and they may be familiar with the tests being administered. In such cases, it is prudent to ask the Player if he recalls who administered the tests and which tests were administered. If a Plan neutral physician performed the examination and you do not have a copy of their report and data sheet, contact the Player's Benefits Coordinator, who will see if they are available and if so will forward them to you.
3. In some cases, neuropsychologists who are not part of the neutral panel will have performed examinations. If so, you will most likely not have access to any data that are not included in the examiner's report. These reports vary in style and content, but often have valuable information that may assist you in your examination of the Player. When you have access to a prior report, you should discuss prior test findings in your report and opine on whether the findings are consistent with your findings.
4. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if the Player is applying for LOD benefits, whether the Player can work is not relevant. Simply saying a Player can work does not address whether he has a "major functional impairment." LOD criteria require a Player have a major functional impairment caused by participation in the NFL.
5. A consent form is signed by each Player with his application for benefits, but you may use your own consent form as long as it does not conflict with the content in the NFL Player Benefits form.
6. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on current history and test data.
7. All players should be given a handout related to resources available from NFLlifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
8. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

EXHIBITS

- Exhibit 1: 88 Plan Definitions
- Exhibit 2: Neurology Report Template
- Exhibit 3: Neuropsychology Data Report Form & Report Template
- Exhibit 4: T&P Physician's Report Form
- Exhibit 5: LOD Physician's Report Form
- Exhibit 6: NC Joint Physician's Report Form
- Exhibit 7: 88 Plan Dementia Report Form
- Exhibit 8: Psychometrist Policy

EXHIBIT 1

88 Plan Definitions

Amyotrophic Lateral Sclerosis (ALS)

The 88 Plan defines ALS, also known as Lou Gehrig's disease, as an adult-onset neuromuscular disease characterized by progressive muscle wasting, weakness, and spasticity resulting from the degeneration of cortical and spinal motor neurons. Some physicians are specially trained to make a diagnosis of ALS.

Dementia

The 88 Plan defines Dementia to mean dementia diagnosed when there are cognitive or behavioral (neuropsychiatric) symptoms that meet the following criteria:

1. The symptoms interfere with the ability to function at work or at usual activities; and
2. The symptoms represent a decline from previous levels of functioning and performing; and
3. The symptoms are not explained by delirium or major psychiatric disorder; and
4. Cognitive impairment is detected and diagnosed through a combination of (1) history-taking from the patient and a knowledgeable informant and (2) an objective cognitive assessment, either a 'bedside' mental status examination or neuropsychological testing. Neuropsychological testing should be performed when the routine history and bedside mental status examination cannot provide a confident diagnosis.
5. The cognitive or behavioral impairment involves a minimum of two of the following domains:
 - a. Impaired ability to acquire and remember new information-symptoms include: repetitive questions or conversations, misplacing personal belongings, forgetting events or appointments, getting lost on a familiar route.
 - b. Impaired reasoning and handling of complex tasks, poor judgment-symptoms include: poor handling of safety risks, inability to manage finances, poor decision-making ability, inability to plan complex or sequential activities.
 - c. Impaired visuospatial abilities-symptoms include: inability to recognize faces or common objects or to find objects in direct view despite good acuity, inability to operate simple instruments, or orient clothing to the body.

CS-00325

- d. Impaired language functions-symptoms include: difficulty thinking of common words while speaking, hesitations; speech, spelling, and writing errors.
 - e. Changes in personality, behavior, or comportment-symptoms include: uncharacteristic mood fluctuations such as agitation, impaired motivation, initiative, apathy, loss of drive, social withdrawal, decreased interest in previous activities, loss of empathy, compulsive or obsessive behaviors, socially unacceptable behaviors.
6. The differentiation of Dementia from mild cognitive impairment rests on the determination of whether or not there is significant interference in the ability to function at work or in usual daily activities. This is inherently a clinical judgment made by a skilled clinician on the basis of the individual circumstances of the patient and the description of daily affairs of the patient obtained from the patient and from a knowledgeable informant.
7. Notwithstanding any of the above, Dementia excludes dementia where the use or abuse of substances is the primary cause.

Parkinson's Disease

The 88 Plan defines Parkinson's Disease as a progressive neurodegenerative condition resulting from the deficiency of the dopamine-containing cells of a section of the brain called the substantia nigra.

A diagnosis of Parkinson's Disease is primarily a clinical one based on history and examination. People with this disease usually have symptoms such as slowness of movement, rigidity and tremors.

Exhibit 2

Neurology Report Template

CS-00327

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN NEUROLOGY REPORT FORM

Player Name: _____

Date of Birth: _____

Neurologist Physician: _____

Date of Evaluation: _____

Duration of the visit: _____

CHIEF COMPLAINTS:

1) _____

2) _____

3) _____

CLINICAL HISTORY:

COGNITIVE SYMPTOMS:

| | YES | NO | Comments |
|---|-----|----|----------|
| Concentration/Attention (mathematics) | | | |
| Memory Loss | | | |
| Visual Spatial (Getting Lost) | | | |
| Planning/Decision Making | | | |
| Language: (comprehension, reading, writing) | | | |
| Other | | | |

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Check writing, paying bills, balancing a checkbook_____

Assembling tax records, business affairs or papers_____

Shopping alone for clothes, household necessities, or groceries_____

Playing a game of skill, working on a hobby_____

Heating water, making a cup of coffee, turning off the stove_____

Preparing a balanced meal_____

Keeping track of current events_____

Paying attention to, understanding, discussing a TV show, book, or magazine_____

Remembering appointments, family, occasions, holidays, medications_____

Traveling out of the neighborhood, driving, arranging to take public transportation_____

FUNCTIONAL ACTIVITIES OF DAILY LIVING:

Eating_____

Bathing_____

Dressing_____

Toileting_____

Transferring (walking)_____

Continence_____

NEUROPHYSICAL SYMPTOMS:

| | YES | NO | Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI. |
|--------------------------|-----|----|--|
| Dizziness | | | |
| Vertigo | | | |
| Imbalance | | | |
| Incoordination | | | |
| Gait disturbance | | | |
| Numbness/tingling | | | |
| Facial Weakness | | | |
| Upper Extremity Weakness | | | |
| Lower Extremity Weakness | | | |
| Headaches | | | |

| | | | |
|---|--|--|--|
| Pain | | | |
| Dysphagia | | | |
| Visual complaints (double vision/blurring | | | |
| Speech Changes (e.g. dysarthria) | | | |
| Tremor | | | |
| Seizures | | | |
| Fatigue | | | |
| Other | | | |

BEHAVIORAL SYMPTOMS:

| | YES | NO | Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI. |
|-------------------------|-----|----|--|
| Depression | | | |
| Anxiety | | | |
| Mania | | | |
| Impulsivity | | | |
| Poor Impulse Control | | | |
| Disinhibition | | | |
| Aggression | | | |
| Apathy | | | |
| Personality Changes | | | |
| Sleep Disturbances | | | |
| Other | | | |

HISTORY OF HEAD TRAUMA: (Discuss all non-football, pre-wee, high school, college and professional football concussions. Discern between documented and undocumented concussions. Document any practice/game time missed because of concussions. Comment on the presence or absence of LOC and or amnesia or any other associated symptoms):

PAST MEDICAL HISTORY:

| | YES | NO | Comments |
|-----------------|-----|----|----------|
| Diabetes | | | |
| Hypertension | | | |
| Heart Disease | | | |
| Stroke | | | |
| Anemia | | | |
| Thyroid Disease | | | |
| Cancer | | | |
| Kidney Disease | | | |
| Liver Disease | | | |
| Lung Disease | | | |
| Arthritis | | | |
| Other | | | |

PAST SURGICAL HISTORY:

PAST PSYCHIATRIC HISTORY:

| | YES | NO | Comments/Dates/Circumstances: |
|--|-----|----|-------------------------------|
| Past psychiatric visits/psychotherapy/counseling | | | |
| Past psychiatric hospitalizations | | | |
| History of suicide attempt | | | |
| History of suicide thoughts | | | |
| History of aggression and violence | | | |
| History of criminal justice contact | | | |
| History of Learning disabilities | | | |
| History of ADHD | | | |
| Other | | | |

PRIOR NEUROLOGICAL OR NEUROPSYCHOLOGICAL: Yes____ No ____

Comments: _____

PAST MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications):

CURRENT MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications. If any discontinuation why and when):

ETOH/ SUBSTANCE ABUSE/STEROIDS HISTORY:

| | YES | NO | Comments: (Age first used, amount, frequency, duration, longest period without using, last used) |
|-------------------------|-----|----|--|
| ETOH | | | |
| Marijuana | | | |
| Cocaine | | | |
| Opiates | | | |
| Stimulants | | | |
| Hallucinogens | | | |
| Ecstasy | | | |
| LSD | | | |
| PCP | | | |
| Abuse of Rx Medications | | | |
| Anabolic Steroids | | | |
| Other | | | |

FAMILY HISTORY:

| | YES | NO | Comments |
|---------------------|-----|----|----------|
| Dementia | | | |
| AD | | | |
| Parkinson's Disease | | | |
| Seizures | | | |
| Other | | | |

SOCIAL HISTORY:

Employment, Living Arrangements, Marital Status, and Hobbies: _____

REVIEW OF SYSTEMS:

| | |
|------------------|--|
| Skin | |
| Eyes | |
| Head | |
| Lungs | |
| Cardiac | |
| Gastrointestinal | |

| | |
|-----------|--|
| Endocrine | |
| Urinary | |
| Neuro | |

GENERAL MEDICAL EXAMINATION:

Vital Signs: BP: ____ Pulse: ____ Weight: ____

Skin: _____

HEENT: _____

Neck: _____

Cardiac: _____

Lungs: _____

Abdomen: _____

Back: _____

Extremities: _____

COGNITIVE EXAM (MOCA):

Total MOCA Score ____/30 (attach assessment form)

Visuospatial/Executive: ____/5

Naming: ____/3

Attention: Digits ____/2

Letters ____/1

Serial 7s ____/3

Language: Repeat ____/2

Fluency ____/1

Abstraction: ____/2

Delayed Recall: ____/5

Orientation: ____/6

| | YES | NO | Comments |
|---|-----|----|----------|
| Multistep Command: (with your left hand, touch your right ear, close your eyes and stick out your tongue) | | | |
| Concentration sustained during the exam: (Listening) | | | |
| Knowledge of current events within the last week | | | |

| | | | |
|---|--|--|--|
| Language: Comprehension. Naming: objects (pen, ball point of the pen, clip of pen) and colors. Ability to repeat: (no ifs ands or buts). Reading and Writing. | | | |
|---|--|--|--|

Other cognitive testing (Specify):

BEHAVIORAL EXAMINATION

Appearance:

| | YES | NO | Comments |
|--------------|-----|----|----------|
| Well Groomed | | | |
| Disheveled | | | |
| Other | | | |

Interaction:

| | YES | NO | Comments |
|--------------------------|-----|----|----------|
| Pleasant and cooperative | | | |
| Hostile | | | |
| Withdrawn | | | |
| Eye Contact | | | |
| Other | | | |

Reported Mood:

| | YES | NO | Comments |
|----------------|-----|----|----------|
| Euthymic | | | |
| Sad/Depressed | | | |
| Anxious/ Angry | | | |
| Irritable | | | |
| Labile | | | |
| Other | | | |

Affect:

| | YES | NO | Comments: |
|--------------------------|-----|----|-----------|
| Within normal range | | | |
| Irritable/Angry | | | |
| Anxious | | | |
| Constricted/Blunted/Flat | | | |
| Depressed | | | |
| Elated/Euphoric | | | |
| Expansive | | | |
| Other | | | |

Speech:

| | YES | NO | Comments |
|--------------------|-----|----|----------|
| Normal rate/rhythm | | | |
| Pressured | | | |
| Slow | | | |
| Logorrhea | | | |
| Paucity of speech | | | |
| Other | | | |

Thought Content:

| | YES | NO | Comments |
|----------------------------|-----|----|----------|
| Suicidal ideations | | | |
| Homicidal ideations | | | |
| Delusions | | | |
| Paranoid Ideations | | | |
| Preoccupations | | | |
| Obsessions and Compulsions | | | |
| Ideas of reference | | | |
| Other | | | |

Thought Processes:

| | YES | NO | Comments |
|--------------------|-----|----|----------|
| Linear | | | |
| Goal Directed | | | |
| Tangential | | | |
| Circumstantial | | | |
| Loose Associations | | | |
| Flight of ideas | | | |
| Circumstantial | | | |
| Disorganized | | | |
| Other | | | |

Perception:

| | YES | NO | Comments |
|--------------------------------|-----|----|----------|
| Visual/Auditory Hallucinations | | | |

Motor:

| | YES | NO | Comments |
|-------------------------|-----|----|----------|
| Psychomotor Agitation | | | |
| Psychomotor Retardation | | | |

| | YES | NO | Comments |
|-----------|-----|----|----------|
| Insight | | | |
| Judgement | | | |

NEUROLOGICAL EXAMINATION

Handedness: ____Left ____Right

Cranial Nerves:

| Are the following cranial nerves intact? | | | | |
|--|-----|----|------------|--------------------------|
| | YES | NO | Not Tested | Describe any abnormality |
| I | | | | |
| II | | | | |
| III/IV/VI | | | | |
| V | | | | |
| VII | | | | |

| | | | | |
|------|--|--|--|--|
| VIII | | | | |
| IX/X | | | | |
| XI | | | | |
| XII | | | | |

Frontal Lobe Release Signs:

| | YES | NO | Not Tested | Describe any abnormality |
|-------------|-----|----|------------|--------------------------|
| Snout | | | | |
| Glabellar | | | | |
| Jaw Jerk | | | | |
| Palmomental | | | | |
| Other | | | | |

Motor:

| | YES | NO | Not Tested | Describe any abnormality |
|----------------------------|--------|----------|------------|--------------------------|
| Atrophy | | | | |
| Tremor | | | | |
| | Normal | Abnormal | | |
| Tone | | | | |
| Strength Upper Extremities | | | | |
| Strength Lower Extremities | | | | |

Reflexes:

| | YES | NO | Not Tested | Describe any abnormality |
|----------------------------|--------|----------|------------|--------------------------|
| | Normal | Abnormal | | |
| Strength Upper Extremities | | | | |
| Strength Lower Extremities | | | | |
| Babinski | | | | |

Cerebellar:

| | YES | NO | Not Tested | Describe any abnormality |
|--------------------|-----|----|------------|--------------------------|
| Finger -Nose | | | | |
| Heel-Shin | | | | |
| Dysdiadochokinesis | | | | |

Sensory:

| | YES | NO | Not Tested | Describe any abnormality |
|------------|-----|----|------------|--------------------------|
| Sharp/dull | | | | |
| Vibration | | | | |
| Position | | | | |
| Other | | | | |

Gait:

| | Normal | Abnormal | Not Tested | Describe any abnormality |
|-----------|--------|----------|------------|--------------------------|
| Heel Walk | | | | |
| Toe Walk | | | | |
| Tandem | | | | |

Romberg:

| | Positive | Negative | Not Tested | Describe any abnormality |
|--|----------|----------|------------|--------------------------|
| | | | | |

IMPRESSION AND DISCUSSION:

- Discuss only the conditions/issues that the Players have identified in their application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. Players with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable major depression and /or other psychiatric disorders and that he may benefit from a psychiatric consultation

- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- For each Neurological diagnosis discussed, address how and to what extent the impairment limits the patient's functionality
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.

Signature of Neurologist

Date

EXHIBIT 3

**Neuropsychology Data Report Form
and Narrative Template**

CS-00341

Neuropsychology Data Report Form

| | | | |
|--------------|--|--------------------|--|
| Age (years): | | Education (years): | |
|--------------|--|--------------------|--|

| TOPF and WAIS-IV Composite Scores | Age SS | Demographic Adjusted T score | %tile | Description |
|--|-----------|------------------------------------|-------|-------------|
| Pre-morbid Intellectual Functioning | | | | |
| TOPF (Standard Score) | | N/A | | |
| Demographic Predicted FSIQ (optional) | | N/A | | |
| | | | | |
| WAIS-IV Composite Scores | | | | |
| Verbal Comprehension (VCI) | | | | |
| Perceptual Reasoning (PRI) | | | | |
| Working Memory (WMI) | | | | |
| Processing Speed (PSI) | | | | |
| Full Scale I.Q. (FSIQ) | | | | |
| General Ability (GAI) | | | | |
| | | | | |
| WAIS-IV Subtest Scores | | | | |
| Verbal Comprehension | | | | |
| Similarities | | | | |
| Information | | | | |
| | | | | |
| Perceptual Reasoning | | | | |
| Block Design | | | | |
| Visual Puzzles | | | | |
| | | | | |
| Working Memory | | | | |
| Digit Span | | | | |
| Arithmetic | | | | |
| | | | | |
| Processing Speed | | | | |
| Symbol Search | | | | |
| Coding | | | | |

| Test | Score | T-Score | %tile | Description |
|--------------------------------------|-------|---------|-------|-------------|
| Processing Speed/Efficiency | | | | |
| WAIS-IV Symbol Search (SS) | | | | |
| WAIS-IV Coding (SS) | | | | |
| D-KEFS Visual Scanning (SS) | | N/A | | |
| D-KEFS Number Sequencing (SS) | | N/A | | |
| D-KEFS Letter Sequencing (SS) | | N/A | | |
| | | | | |
| Executive Functioning | | | | |
| Wisconsin Card Sorting Test (WCST) | | | | |
| Categories Completed (Raw) | | N/A | | |
| Perv. Responses (Raw Score) | | | | |
| Perv Errors (Raw Score) | | | | |
| Failures to Maintain Set (Raw) | | N/A | | |
| DKEFS Color Naming (SS) | | N/A | | |
| Word Reading (SS) | | N/A | | |
| Inhibition (SS) | | N/A | | |
| Inhibition/Switching (SS) | | N/A | | |
| Number Letter Switching (SS) | | N/A | | |
| Phonemic Fluency (SS) | | N/A | | |
| Category Fluency (SS) | | N/A | | |
| Category Switching (SS) | | N/A | | |
| | | | | |
| Attention | | | | |
| WAIS IV Digit Span (SS) | | | | |
| | | | | |
| Verbal Learning/Recent Memory | | | | |
| CVLT II Trial 1 (z-score) | | N/A | | |
| Trial 5 (z-score) | | N/A | | |
| Sum Trials 1-5 (T-Score) | | | | |
| Short Delay Free Recall (z-score) | | N/A | | |
| Short Delay Cued Recall (z-score) | | N/A | | |
| Long Delay Free Recall (z-score) | | N/A | | |
| Long Delay Cued Recall (z-score) | | N/A | | |
| LDIFR v SDFR (z-score) | | N/A | | |
| Learning Slope (z-score) | | N/A | | |
| Repetitions (z-score) | | N/A | | |
| Intrusions (z-score) | | N/A | | |
| WMS-IV Logical Memory I (SS) | | | | |
| Logical Memory II (SS) | | | | |
| | | | | |

| | | | | |
|---|--------------|----------------|--------------|--------------------|
| Nonverbal Learning/Recent Memory | | | | |
| WMS IV Visual Reproduction I (SS) | | | | |
| Visual Reproduction II (SS) | | | | |
| Test | Score | T-Score | %tile | Description |
| Language | | | | |
| Boston Naming Test (Raw Score) | | N/A | N/A | |
| Scale Score and T-Score | | | | |
| DKEFS Categorical Fluency (SS) | | N/A | | |
| | | | | |
| Spatial-Perceptual Skills | | | | |
| Rey-Osterrieth Figure Copy (Raw Score) | | N/A | | |
| Scale Score and T-Score | | | | |
| WAIS IV Block Design (SS) | | | | |
| WAIS-IV Visual Pictures (SS) | | | | |
| | | | | |
| Motor Speed | | | | |
| DKEFS Motor Speed (SS) | | N/A | | |
| | | | | |

| | | |
|--------------------------------------|--------------|-----------------------|
| Performance Validity Indices | Score | Description |
| Effort Measures | | |
| Test of Memory Malingering Trial 1 | | |
| Test of Memory Malingering Trial 2 | | |
| Test of Memory Malingering Retention | | |
| Medical Symptom Validity Test IR | | |
| Medical Symptom Validity Test DR | | |
| Medical Symptom Validity Test CNS | | |
| Medical Symptom Validity Test PA | | |
| Medical Symptom Validity Test FR | | |
| CVLT-II Forced Choice Recognition | | |
| | | Base Rate Probability |
| ACS – RDS | | |
| ACS – WMS-IV LM Recognition (Raw) | | |
| ACS – WMS-IV VR Recognition (Raw) | | |

| Mood/Personality | Score | Range |
|---|----------------|--------------|
| BDI-II | Raw= | |
| BAI | Raw= | |
| | | |
| MMPI 2-RF | T-Score | |
| Variable Response Inconsistency (VRIN-r) | | |
| True Response Inconsistency (TRIN-r) | | |
| Infrequent Responses (F-r) | | |
| Infrequent Psychopathology Responses (Fp-r) | | |
| Infrequent Somatic Responses (Fs) | | |
| Symptom Validity (FBS-r) | | |
| Response Bias Scale (RBS) | | |
| Emotional/Internalization Dysfunction(EID) | | |
| Thought Dysfunction (THD) | | |
| Behavioral/Externalizing Dysfunction (BXD) | | |
| Demoralization (RCd) | | |
| Somatic Complaints (RC1) | | |
| Low Positive Emotions (RC2) | | |
| Cynicism (RC3) | | |
| Antisocial Behavior (RC4) | | |
| Ideas of Persecution (RC6) | | |
| Dysfunctional Negative Emotions (RC7) | | |
| Aberrant Experiences (RC8) | | |
| Hypomanic Activation (RC9) | | |
| Malaise (MLS) | | |
| Head Pain Complaints (HPC) | | |
| Neurologic Complaints (NUC) | | |
| Cognitive Complaints (COG) | | |
| Suicidal/Death Ideation (SUI) | | |
| Stress/Worry (STW) | | |
| Anxiety (AXY) | | |
| Anger Proneness (ANP) | | |
| Substance Abuse (SUB) | | |
| Aggression (AGG) | | |

Specific Instructions for Data Entry

Important Guidelines:

- This form must be submitted with your narrative report. Some neuropsychologists use tables with a different format embedded in their reports. Doing so is your decision, but either way this data form must be included with the report.
- Do not modify this form. If you think there is an error or change to be made, contact Dr. Garmoe to discuss.
- Do not add any tests – it cannot be modified.
- We recognize that each examiner might group scores in domains differently than represented on the data sheet. This structure is a blend of conceptual and convenience.
- Please follow the instructions below carefully. Reviewing reports for appeals cases and quality assurance requires that the data be entered consistently.
- If you use a psychometrist for testing and data entry, be sure she/he has been trained on the instructions below.
- One of the most consistent source of confusion has been reporting T-Scores. Follow the directions below carefully regarding reporting and not reporting T-Scores

Description Column (far right column in data tables): It is not required that you fill in this column but most examiners make a brief narrative entry (e.g., Average, WNL, Mild Impairment, etc.).

Performance Validity/Effort Measures:

- TOMM: Enter the raw score for each trial. Do not report scores as % correct
- MSVT: Enter the % correct from the test report
- CVLT-II Forced Choice Recognition – Raw Score
- ACS Indices:
 - Reliable Digit Span: Highest forward and backward trials for which both trials are passed (even if lower trials are not both passed).
 - WMS-IV Logical Memory Recognition Raw Score
 - WMS-IV Visual Reproduction Recognition Raw Score
 - For the ACS indices, put the Base Rate Probability score in the right-side column (e.g., >25% Base Rate, <15% Base Rate). If you also want to include the Cumulative Base Rate Probability from the ACS software/tables it is best to add it to the narrative report.

TOPF:

- Report the SS. You are welcome to report the demographic-based estimated FSIQ if you generated it but it is not required.
- If you report the demographic-estimated FSIQ please indicate the method you used (e.g., simple demographic method).

WAIS-IV/WMS-IV:

- For all Composite Indices and Subtests, report the Scale Score and %tile
- We do not currently require that examiners use the demographically adjusted T-Scores from the ACS, but you are welcome to use them and report them. If you report them, add the demographically-adjusted T-scores to the column with that label.
 - o **If you do not use the demographic adjustments for the WAIS-IV/WMS-IV, do not put entries into the T-Score column for either the Composite Scores or individual subtest scores.** Those are only for demographically-adjusted scores if you use them. Examiners sometimes simply translate the scale score into a T-score (for example, WMI SS=100 so they enter a T of 50), but please don't do this, as the data entry person will think it is a demographically adjusted score.
 - o The VCI, PRI, FSIQ, and GAI T-Score column is shaded in, because even if you use demographically adjusted scores, the ACS software won't compute them (since we don't use Vocabulary and Matrix Reasoning, the software won't generate the demographic adjustments for those Composites)

D-KEFS:

- You will be administering all trials of the Trail Making task, all trials of the Color-Word task, and Phonemic, Category, and Category Switching scores from the Verbal Fluency task.
- Enter Scale Scores for all D-KEFS tasks and %tiles. There are no T-scores to be reported for D-KEFS tasks, so do not make entries in the T-Score column (e.g., do not simply convert the SS to a T-Score – leave the column blank).

CVLT-II:

- The scores to be entered are mostly z-scores, with the exception of a T-score for the 'Sum Trials 1-5' metric. Do not translate z-scores into T-scores.

Boston Naming:

- Enter the raw score/scale score and the T-score based on the Heaton norms. We are entering the raw score out of convention, since historically many neuropsychologists are used to looking at this value.

Rey-Osterrieth Complex Figure:

- Enter the raw score/scale score and the T-score. We are entering the raw score out of convention, since historically many neuropsychologists are used to looking at this value. It is not necessary that you include the SS and/or T from the manual but it is preferable.

BDI-II and BAI:

- Enter the raw score for each test

MMPI-2-RF:

- Enter the report-generated T-scores for all the scales listed. We recognize that there are additional validity scales beyond those on the report form. This group may be expanded in the future but at present these are those that were agreed upon for the battery.
- You do not need to make an entry into the 'Range' column but are welcome to do so.

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

**NEUROCOGNITIVE BENEFIT
NEUROPSYCHOLOGY REPORT FORM**

Player Name: _____

Neutral Physician: _____

Date of Evaluation: _____

DOCUMENTS REVIEWED – list

TESTS ADMINISTERED (see attached)

BEHAVIORAL OBSERVATIONS – describe briefly

RELEVANT PSYCHOSOCIAL/MEDICAL HISTORY – describe briefly

TEST RESULTS

Domains -- Under each domain, provide a concise narrative discussing your test results

1. Intellectual Functioning
2. Information Processing
3. Attention/Working memory
4. Memory/Learning (Visual and Verbal)
5. Executive Functioning
6. Language Functioning
7. Visual Perceptual Skills
8. Personality /Mood

Validity Tests – indicate how the Player performed on the following validity tests

Part 1

Test results on TOMM and MSVT were valid _____

Invalid test results on TOMM and MSVT _____

Invalid test results on TOMM only _____

Invalid test results on MSVT only _____

Invalid test results on embedded validity tests
(CVLT-II, WMS IV, and WAIS IV Reliable Digits) _____

Part 2 (Complete only if test results were invalid on either the TOMM or MSVT, but not on both of those tests)

Overall test results were invalid and inadequate
to establish neurocognitive impairment _____

Some test results were invalid, but the test results
overall establish a neurocognitive impairment _____

Explain the reasons for your answer to this Part 2:

IMPRESSION – describe your overall impression of the Player's neuro-cognitive condition

USE OF TESTING ASSISTANTS

Check ONE:

_____ This neuropsychologist conducted the entire examination, including records review, clinical interview, neuropsychological testing and scoring, and interpretation and report preparation.

_____ This neuropsychologist conducted the records review, clinical interview, and interpretation and report preparation. Neuropsychological testing was conducted by _____, a neuropsychology post-doctoral fellow or a psychometrician. This neuropsychologist is responsible for supervision of the fellow or psychometrician who conducted the testing.

Signature of Neuropsychologist

Date

Exhibit 4

T&P Physician's Report Form

CS-00353

**NFL PLAYER BENEFITS****DISABILITY PLAN****PHYSICIAN REPORT FORM****TOTAL & PERMANENT DISABILITY BENEFITS**

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: DOB: Phone:

Player's address:

Player's Credited Seasons:

Claimed impairments:

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? _____
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? _____
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

| Impairment to | Cause of impairment | |
|---------------|----------------------------------|--|
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO

☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____

6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

Signature

Date

Exhibit 5

LOD Physician's Report Form

CS-00356

**NFL PLAYER BENEFITS****DISABILITY PLAN**200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202

Phone 800.638.3186

Fax 410.783.0041

PHYSICIAN REPORT FORM - NON-ORTHOPEDICS**LINE-OF-DUTY DISABILITY BENEFITS**

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: DOB: Phone:

Player's address:

Player's Credited Seasons:

Claimed impairments:

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? _____
2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? _____
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. For impairments related to the **LOSS OF HEARING, SPEECH, OR SIGHT**, please rate the impairment(s) as follows:

| | Loss | Cause | Comments |
|-----------------|--|--|----------|
| Loss of Hearing | <input type="checkbox"/> 0-29% | <input type="checkbox"/> Illness | |
| | <input type="checkbox"/> 30-54% | <input type="checkbox"/> NFL football | |
| | <input type="checkbox"/> 55-79% | <input type="checkbox"/> Other – _____ | |
| | <input type="checkbox"/> 80% or greater | <input type="checkbox"/> Unknown | |
| | Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period? | | |

| | Loss | Cause | Comments |
|--|------|-------|----------|
|--|------|-------|----------|

| | | | |
|--|---|--|--|
| Loss of Speech | <input type="checkbox"/> 0-29% | <input type="checkbox"/> Illness | |
| | <input type="checkbox"/> 30-49% | <input type="checkbox"/> NFL football | |
| | <input type="checkbox"/> 50-69% | <input type="checkbox"/> Other – _____ | |
| | <input type="checkbox"/> 70% or greater | <input type="checkbox"/> Unknown | |
| Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined |

| | | | |
|--|---|---|--|
| Loss of Sight | Loss | Cause | Comments |
| | <input type="checkbox"/> 0-29% <input type="checkbox"/> 30-49% <input type="checkbox"/> 50-69% <input type="checkbox"/> 70% or greater | <input type="checkbox"/> Illness <input type="checkbox"/> NFL football <input type="checkbox"/> Other – _____ <input type="checkbox"/> Unknown | |
| Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined |

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES | ☐ NO

If you checked YES:

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. _____

- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

Signature

Date

Exhibit 6

NC Joint Physician's Report Form

CS-00360



NFL PLAYER BENEFITS

DISABILITY PLAN

JOINT PHYSICIAN REPORT FORM

NEUROCOGNITIVE DISABILITY BENEFITS

Notice to Physicians: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: **DOB:** **Phone:**

Player's address:

Player's Credited Seasons:

Claimed impairments:

1. Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? _____

2. Did you evaluate the Player? ☐ YES | ☐ NO If so, when? _____

3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO

4. Does the Player show evidence of acquired neurocognitive impairment?
☐ YES | ☐ NO | ☐ UNABLE TO DETERMINE due to low scores on validity measures

If you checked YES:

- Is the Player's acquired neurocognitive impairment **mild** or **moderate** as defined by the Plan? ☐ Mild* | ☐ Moderate†
- Is the Player's neurocognitive impairment likely secondary to a primary psychiatric problem or substance use/abuse problem?
☐ No | ☐ Primary psychiatric problem | ☐ Substance use/abuse

* **Mild impairment:** Player has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

† **Moderate impairment:** Player has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

5. Do you have any additional remarks? _____

Please provide the required narrative reports with this form. **This Joint Physician Report Form will not be complete without the individual reports and the signatures of both Plan neutral physicians.**

We certify that:

- ☐ We reviewed all records of this Player provided to us.
- ☐ We personally examined this Player.
- ☐ This Joint Physician Report Form and the attached narrative report(s) accurately document our findings.
- ☐ Our findings reflect our best professional judgment.
- ☐ We are not biased for or against this Player.

Signature / Neurologist

Date

Signature / Neuropsychologist

Date

Exhibit 7

88 Plan Dementia Report Form

CS-00363

BENEFITS APPLICATION

88 Plan

Dementia, ALS or Parkinson's Disease

What it is

The 88 Plan provides benefits to former NFL Players with dementia, ALS, or Parkinson's disease. If the application is approved, the Plan helps pay for care and expenses related to the disease.

Who can apply

Former Players are eligible to apply if they are vested in the Pension Plan due to Credited Seasons.

If you're not sure whether or not you are eligible for the 88 Plan, call the NFL Player Benefits Office at **800.638.3186**.

What you need to do

Complete these steps to ensure that your application is as complete as possible.

1

COMPLETE THE PLAYER SECTION (PAGES 2-3)

Please fill out this section honestly, completely, and to the best of your ability.

If you are unable to fill out the form, ask a representative to fill it out on your behalf.

2

HAVE YOUR DOCTOR FILL OUT THE PHYSICIAN SECTION (PAGES 4-5)

Ask the physician who has diagnosed or treated you for dementia, ALS or Parkinson's disease to fill out pages 4-5.

If you do not have a physician, complete pages 2-3 and send the application to the NFL Player Benefits Office. The 88 Plan may send you for an examination, at no cost to you.

3

SUBMIT THE APPLICATION

Once you and your physician have completed all parts of the application, gather any reports the physician may have provided and mail them with this form to:

**88 Plan
200 Saint Paul Street
Suite 2420
Baltimore, MD 21202**



After you apply: The NFL Player Benefits Office will send you confirmation that they received your completed application. Decisions about 88 Plan eligibility are usually made within 90 days after an application is received. You will receive a letter in the mail notifying you of that decision.



Player information

Player information (please print)

| | | | |
|--|-------|---------------|---|
| Player's name (first, middle, last) | | Date of birth | Social Security Number |
| Address (number and street) | | | Apartment, suite, unit, etc. (optional) |
| City | | State | Zip Code |
| Phone number | Email | | |
| Player's diagnosis (check one) <input type="checkbox"/> Dementia <input type="checkbox"/> ALS <input type="checkbox"/> Parkinson's disease | | | |

Representative information (please print)

This section should only be used if someone other than the Player is filling out this form.

| | | | |
|---|-------|---------------|--|
| Representative's name (first, middle, last) | | Date of birth | Social Security Number |
| Address (number and street) | | | Apartment, suite, unit etc. (optional) |
| City | | State | Zip Code |
| Phone number | Email | | |
| Relationship to Player | | | |

Signature and certification

I certify that all information and documents provided on or with this application are, to the best of my knowledge, true, correct and complete.

I also certify that any and all documents or information attached to or enclosed with this application are, to the best of my knowledge, true, correct and complete. I recognize that making any false or misleading statements may result in denial of benefits, penalties, and other sanctions under the law.

Signature of Player or Representative

Date Completed



Authorization

Authorization for Use or Disclosure of Individually Identifiable Health Information

This Authorization for Use or Disclosure of Individually Identifiable Health Information must be completed for each Player on whose behalf benefits are requested under the 88 Plan. Players will not be eligible for benefits unless this authorization is completed. This authorization is intended to comply with the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA.

Purpose of This Authorization

The 88 Plan will use and may disclose individually identifiable health information about the Player for the purpose of making eligibility determinations relating to the Player.

For example:

- The Player must submit, or have submitted on his behalf, individually identifiable health information, including without limitation his application, medical records, and physician reports.
- The Player also may be referred to Plan neutral physicians for medical examination, and these physicians may submit individually identifiable health information to the 88 Plan or the Player.

Individuals or Entities Authorized to Use or Disclose Protected Health Information Pursuant to This Authorization

- Any and all health care providers who furnished care to the Player (including without limitation any and all health care providers who were involved in diagnosing or treating the Player's dementia, ALS or Parkinson's disease) are authorized to disclose individually identifiable health information about the Player to the 88 Plan (including without limitation to the 88 Plan's fiduciaries, designees, employees, or agents).
- The 88 Plan (including without limitation its fiduciaries, designees, employees, or agents) is authorized to use and disclose individually identifiable health information for 88 Plan purposes.

Protected Health Information Authorized to Be Used or Disclosed

All medical records, reports, test results, notes (excluding psychotherapy notes as defined under 45 C.F.R. § 164.501), and other health information are hereby authorized to be used and disclosed pursuant to this Authorization for Use and Disclosure of Individually Identifiable Health Information. This authorization is intended to cover all individually identifiable health information requested by, created by, or otherwise submitted to the 88 Plan in connection with the application on behalf of the Player for benefits, and should be construed broadly for this purpose.

I understand and agree to the conditions above

| | | |
|---|---|----------------|
| Signature | Relationship to Player <input type="checkbox"/> Self <input type="checkbox"/> Representative | Date completed |
| If you are the Player's representative, please describe your relationship with the Player and your authority to sign on his behalf. | | |

You are entitled to a copy of this authorization after you sign it. This authorization will remain in effect as long as benefits are sought on behalf of the Player or the Player is eligible for benefits from the 88 Plan. You have the right to revoke this authorization in writing to the 88 Plan, except to the extent that the 88 Plan has relied thereon. Information disclosed pursuant to this authorization may be redisclosed by the recipient(s) and no longer protected by the federal privacy law.

END OF PLAYER SECTION

Give this application to your physician to complete the next two pages. Your physician will need to return the completed application to you with the required documentation.

If you do not have a physician, send the application and authorization to the NFL Player Benefits Office. The 88 Plan may send you for an examination at no cost to you.

QUESTIONS? Call the NFL Player Benefits Office at **800.638.3186**.

3

CS-00366



Physician diagnosis

BENEFITS APPLICATION

The applicable portion below should be completed by the physician who is treating or has diagnosed the Player for dementia, ALS or Parkinson's disease.

Dementia

☐

Initial if the Player has dementia, then please explain how the Player meets the five criteria for dementia below.



You must submit a report supporting the diagnosis of dementia and providing evidence each of the following five criteria was met.

1. Cognitive impairment is detected and diagnosed through a combination of (1) history-taking from the patient and a knowledgeable informant and (2) an objective cognitive assessment, either a "bedside" mental status examination or neuropsychological testing. Neuropsychological testing should be performed when the routine history and bedside mental status examination cannot provide a definitive diagnosis.

Who conducted the evaluation?

Date(s) of evaluation

Name of knowledgeable informant

Documents containing evidence that this criterion was met

2. The impairment represents a decline from previous levels of functioning and performing.

How does current functioning represent a decline from previous levels?

Documents containing evidence that this criterion was met

3. The impairment is not explained by delirium or other major psychiatric disorder.

How have delirium and other psychiatric disorders been excluded?

Documents containing evidence that this criterion was met

4. The impairment must involve at least two of the following symptoms.

Please check all symptoms that apply:

- ☐ Impaired ability to acquire and remember new information
☐ Impaired reasoning and handling of complex tasks, poor judgment
☐ Impaired visuospatial abilities

- ☐ Impaired language functions (speaking, reading, writing)
☐ Changes in personality, behavior, or comportment

Documents containing evidence that this criterion was met

5. The impairment interferes with the ability to function at work or during usual activities.

Which areas of functioning are affected? Please provide documents containing evidence that this criterion was met.



Physician diagnosis

BENEFITS APPLICATION

Amyotrophic Lateral Sclerosis (ALS)



Initial if the Player has ALS, defined as the medical condition amyotrophic lateral sclerosis, also known as Lou Gehrig's Disease. ALS is an adult-onset neuromuscular disease characterized by progressive muscle wasting, weakness, and spasticity resulting from the degeneration of cortical and spinal motor neurons.



If the diagnosis is ALS, you must provide the Player with a report supporting the diagnosis. If you are not a neurologist, you must also provide evidence from a neurologist supporting the diagnosis of ALS.

Parkinson's disease



Initial if the Player has Parkinson's disease, which is a progressive neurodegenerative condition resulting from deficiency of the dopamine-containing cells of the substantia nigra.



If the diagnosis is Parkinson's disease, you must provide the Player with a report supporting the diagnosis. If you are not a neurologist, you must also submit evidence from a neurologist supporting the diagnosis of Parkinson's disease.

Have you considered and ruled out whether the Player's condition may be vascular, drug-induced, or a result of some other form of Parkinsonism?

☐ YES ☐ NO

Physician information

| | | | |
|--|------------------|---|--|
| Physician's name (first, middle, last) | | Physician's specialty | |
| Address (number and street) | | Apartment, suite, unit, etc. (optional) | |
| City | State | Zip Code | |
| Phone number | Email (optional) | | |

Physician signature and certification

I certify that I have personally examined this Player and have reached the conclusions noted above. I certify that my diagnoses reflect my best professional judgment, that I am not biased toward or against this Player, and that any statements are true, accurate and complete.

| |
|------------------------|
| Signature of physician |
| Date completed |



Please return all five pages of this application along with any accompanying reports to the Player or the Player's representative.

Exhibit 8

Guidelines For Use Of Neuropsychological Test Technicians In Neuropsychological Evaluations

These guidelines set forth the Plan's minimum standards for psychometrists and psychology doctoral trainees who serve as "neuropsychological test technicians" in the process of disability examination by psychologists hired by the Bert Bell/Pete Rozelle NFL Player Retirement Plan or NFL Player Disability & Neurocognitive Benefit Plan (together, the "Plans"). Neuropsychologists who perform disability examinations on behalf of the Plan are expected to adhere to these minimum standards in selecting assistants who will administer neuropsychological tests. Violation of these guidelines may result in termination of psychologists from the neuropsychological panel maintained by these plans.

Background

The practice of having either **psychology pre-doctoral students, post- doctoral fellows, or bachelor/master's prepared psychometrists (aka "neuropsychological test technicians")** assist with standardized testing as part of a formal neuropsychological evaluation is common practice in many, but not all, psychology settings within hospitals, larger clinics, and some private practice (see Ruff et al, 2006; Barth et al, 2000). Standard practice for the psychologist is to specify the roles of the neuropsychological technician within a given evaluation. Trained and supervised psychometrists as "clinical extenders" have been used in various states by approximately 51.6% of over 1300 neuropsychologists surveyed in a 2002 study (Sweet et al, 2002). The National Academy of Neuropsychology has recognized the validity of neuropsychological test technicians (Ruff, Barth, Broshek, et. al., 2006).

Minimum Qualifications of Neuropsychological Test Technicians:

1. Post Doctoral Psychology Fellows who are provided supervision on testing and scoring of tests administered;
2. Pre Doctoral Psychology Interns who are provided supervision on testing, and scoring of tests administered;
3. Students in a doctoral graduate psychology programs who has undergone a prior psychology testing course, are trained by the psychologist on specifics of testing to be administered, and are provided supervision on testing and scoring of tests administered;
4. A bachelor or master's prepared psychometrist who meets specific state requirements (if applicable in a given state) to work as a "Psychological Assistant", and are provided supervision on testing and scoring of tests administered.

Role of Psychologist

The psychologist will

1. Assure appropriate training and supervision of the neuropsychological test technician in accordance with the National Academy of Neuropsychology's standards of clinical neuropsychological practice, the current version of which is attached.
2. Complete an independent review of the Player's medical documentation prior to initial intake session.
3. Perform the initial clinical interview with the Player.
4. Review completeness of tests administered.
5. Review accuracy of test scoring and ensure that standard norms have been utilized.
6. Prepare a report integrating the Player's medical history, interview findings, and patterns of test strengths and weaknesses, and complete such forms as the Plans may provide. Such reports will contain the psychologist's own comments and conclusions as to the Player's impairments, without regard to those of the neuropsychological test technician.



**NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
88 PLAN**

**NEUROLOGY/NEUROPSYCHOLOGY NEUTRAL PHYSICIAN
PANEL ORIENTATION MANUAL**

Effective as of August 2024

CS-00371

CONTENTS

| | |
|---|----|
| PREFACE..... | 1 |
| NEUTRALITY | 2 |
| OVERVIEW OF BENEFITS..... | 3 |
| A. Total and Permanent Disability (T&P) Benefits..... | 3 |
| B. Line-of-Duty Disability (LOD) Benefits..... | 3 |
| C. Neurocognitive Disability (NC) Benefits | 4 |
| D. 88 Plan | 5 |
| SCHEDULING AND EXAMINATION PROCESS | 6 |
| EXAMINATION STANDARDS..... | 7 |
| WRITTEN REPORTS | 9 |
| A. T&P Report Form (Exhibit 4)..... | 10 |
| B. LOD Report Form (Exhibit 5)..... | 10 |
| C. NC Report Form (Exhibit 6)..... | 10 |
| D. 88 Plan Report Form (Exhibit 7) | 10 |
| NEUROCOGNITIVE TEST BATTERY | 12 |
| PRACTICAL CONSIDERATIONS | 14 |
| EXHIBITS..... | 15 |

PREFACE

Welcome to the neutral neurologist/neuropsychologist panel of the NFL Player Disability & Survivor Benefit Plan, Bert Bell/Pete Rozelle NFL Player Retirement Plan and 88 Plan (“NFL Player Plans”). There are panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding current benefit programs, performing assessments, and completing the appropriate reports needed for the Plans to make decisions regarding a Player’s benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- William Garmoe, consulting neuropsychologist, at william.s.garmoe@medstar.net
- Stephen Macciocchi, consulting neuropsychologist, at snmp1949@gmail.com
- Silvana Riggio, consulting neurologist, at silvana.riggio@mountsinai.org
- Sam Vincent, NFL Player Benefits Office, at svincent@nflpb.org
- Lashay Rose, NFL Player Benefits Office, at lrose@nflpb.org

This manual is effective as of August 2024.

NEUTRALITY

The NFL Player Plans endeavor to ensure that every Player who is referred for a neuropsychological and neurological examination is comprehensively and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

- personally review and evaluate all medical and application records provided;
- personally examine Players and conduct appropriate testing following the standards described in this manual;
- personally complete all required report forms and comprehensive narrative reports for each Player examined in a timely manner, and forward these documents to the NFL Player Benefits Office no later than 10 days after the examination;
- conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player;
- ensure that any technicians/psychometricians used for testing are thoroughly trained on all measures used in the battery, conduct themselves ethically and, if practicing in a jurisdiction where certification is required, follow such regulations;
- apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from standards you may use in other areas of your practice;
- verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately;
- abstain from participating in any other NFL or NFLPA program, such as the NFL concussion litigation;
- abstain from publicly discussing the Plans and the evaluation programs;
- assure there are no conflicts of interest that would impact your evaluations; and
- be judicious in public and professional forums about comments, interviews, listserv posts, and talks that could create the appearance of bias about concussions, neurocognitive impairment, NFL athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You cannot examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past for either a clinical or IME purpose. If a Player has undergone clinical evaluations or treatment in the organization where you work (if relevant), you should do a careful review to ensure there are no conflicts of interest or appearance of such, impacting you conducting the Plan evaluation. The examinations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You should also provide contact information for the NFL Lifeline program to the Player.

OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan. The 88 Plan is subject to HIPAA, because it is a health plan. Players sign a HIPAA authorization when they apply for 88 Plan benefits.

A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period. You are to form your opinion based on the Player's present state, and not how they might be if they sought treatment for the condition. Players are not required to seek treatment as part of the Plan determination.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation, but in some cases, causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. You also may be asked by the NFL Player Benefits Office if a particular Player's totally and permanently disabling condition is caused by a substance abuse disorder or a psychiatric condition. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, the Plan neutral physicians do not confer with each other.

B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. A substantial disablement is a **permanent** disability, other than a neurocognitive, brain-related neurological (excluding nerve damage) or psychiatric impairment, that results in a loss of speech, hearing, or sight, or that is **the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system**.

In other words, in connection with an application for LOD benefits involving neurological claims, the NFL Player Benefits Office will ask you three things: (1) whether the Player's impairment constitutes a major functional impairment or a surgical removal of a vital bodily organ or part of

the central nervous system; (2) whether that impairment arises out of League football activities (which excludes activities in high school, college, and other football leagues), and (3) whether that impairment is permanent, meaning it has persisted or is expected to persist at least 12 months from the date of its occurrence, excluding any possible recovery period. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, the Plan neutral physicians do not confer with each other.

C. Neurocognitive Disability (NC) Benefits

For a Player to receive NC benefits, he must meet the criteria for **“Mild”** or **“Moderate”** neurocognitive impairment.

“Mild” neurocognitive impairment is defined as

“Mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction but are not severe enough to interfere with the Player’s ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.”

“Moderate” neurocognitive impairment is defined as

“Mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.” See TP highlight above

A Player’s neurocognitive impairment does not need to be related to NFL participation. Therefore, you should not address this subject in your reports. An exception exists for substance abuse and psychiatric conditions. If a Player’s neurocognitive impairment is caused by a primary substance use and/or a psychiatric condition, he is not eligible for the NC benefit. If a Player’s neurocognitive impairment is not caused by substance abuse or a psychological condition, he may qualify for the benefit even if he uses substances or has a psychiatric condition.

Each Player applying for NCD benefits will be examined by a neurologist and neuropsychologist who must complete reports documenting their respective examinations as well as a joint neurology/neuropsychology report form. Accordingly, the neurologist and neuropsychologist must communicate verbally to determine whether the Player meets the criteria for Mild or Moderate neurocognitive impairment and, if so, state whether substance abuse or psychiatric conditions are the cause of the observed neurocognitive impairment.

D. 88 Plan

Unlike the other benefits, the 88 Plan is a medical reimbursement program. Instead of receiving a monthly benefit, the 88 Plan reimburses Players for qualifying medical expenses.

A Player becomes eligible for 88 Plan reimbursements upon a determination that he has Dementia, Parkinson's disease, or amyotrophic lateral sclerosis (ALS). For 88 Plan cases, you will be asked to determine whether the Player has one of the three diseases, (ALS, Parkinson's Disease or Dementia) using specified diagnostic criteria set forth at EXHIBIT 1. For Dementia, the criteria are taken from the National Institute on Aging/Alzheimer's Association's 2011 paper titled *The Diagnosis of Dementia Due to Alzheimer's Disease: Recommendations from The National Institute on Aging-Alzheimer's Association Workgroups on Diagnostic Guidelines for Alzheimer's Disease Criteria for All-Cause Dementia*. You should review this paper and be familiar with the guidelines.

In cases where you are asked to perform an examination, you will have to complete a report form. There is no requirement that the disease(s) be related to participation in the NFL. We ask that you refrain from discussing any connection with NFL football activities in your reports.

SCHEDULING AND EXAMINATION PROCESS

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination provided by you. The case manager will then send you the medical records the Player has submitted supporting his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P, LOD, NC or 88 Plan) via encrypted email. Please be aware a Player may apply for more than one benefit at a time, typically NCD and TP. When completing the Physician Report Form you must certify on the PRF that you have reviewed all the application(s) and medical records provided to you for each Player examined. You must also document the number of pages of medical and application records you reviewed, both in your report and on the JPRF.

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. If so, the Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for the no-show fee.

EXAMINATION STANDARDS

The following examination standards apply across all the NFL Player Plans previously described:

- You should evaluate only the conditions/issues that the Players have identified in their application for benefits.
- Your assessment should solely be focused on the Player's condition(s) on the day of the examination. In other words, your assessment should not consider future treatment that the Player could undertake to mitigate his alleged condition(s) and/or claimed impairments.
- Apart from addressing logistics of the examination process, no one else besides the Player should be included in the clinical interview or testing/examination.
- You must provide opinions only in your area of medical expertise/specialty as defined within the Plan guidelines. Players with conditions and claimed impairments outside your area of expertise will be referred to physicians in the appropriate medical specialties, but only if the Player identified such impairments on his application.
- In one limited circumstance, you may identify conditions outside your area of specialty that are relevant to the disability determination, but only if you conclude the benefit determination should take such conditions into account. In such case, you should include a clear recommendation in your report. The NFL Player Benefits Office may then refer the Player for examination by a specialist in the appropriate field for that condition. To avoid confusion, please make any such recommendations clear and unambiguous. For example, a neurologist might say "due to evidence of severe depression and anxiety, the Player should be evaluated by a neutral psychiatrist to determine if he qualifies for T&P benefits."
- If you conclude the Player should be examined by a personal physician in connection with health conditions outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable major depression and/or other psychiatric disorders and that he may benefit from a psychiatric consultation.
- All medical records should come from the NFL Player Benefits Office. Review all medical records provided to you by the NFL Player Benefits Office. Except for imaging studies, Players should not bring medical records with them to the examination. If a player brings or sends additional records, inform him that they need to be submitted to the Plan Benefits Office, and you cannot review them.
- Players are expected to fully participate in and cooperate with examinations.
- Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office. If you are contacted by a Player or their representative after the examination, refer them to the NFL Player Benefits Office.

- Players and neutral physicians are not permitted to record any part of the examination (audio, video, etc.) under any circumstances. Players are informed of this expectation at the time their appointment is scheduled.
- Players may request access to your raw data due to administrative or legal proceedings, so retain the Player's entire examination file indefinitely or until advised differently by the Plan.
- If a Player acts inappropriately or threatens you or any other Plan neutral physician, notify the NFL Player Benefits Office immediately.
- If a Player reports active suicidal thoughts, you may immediately call emergency personnel and/or escort the Player to the emergency department.

WRITTEN REPORTS

Each of the four benefits has a different report form that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

The T&P (Neurology and Neuropsychology) and LOD (Neurology) Physician Report Forms (PRF) will be completed by you alone. The NC Joint Physician Report Form (JPRF) will be completed collaboratively by both Neurology and Neuropsychology neutral examiners. In some cases, Players will apply for more than one benefit simultaneously and you will be required to complete multiple forms. For instance, if Players apply for T&P and NC simultaneously, you will be required to address criteria for both benefits in your report and fill out the respective forms for both benefits. You will confer with your counterpart neurologist/neuropsychologist only for the NC benefit and complete the T&P or LOD assessment independently.

In addition to the report forms, you are expected to provide a narrative report of your examination. The following rules apply generally to such narrative reports:

- The history/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should fully support any opinions with information contained in those earlier sections as well as your examination data.
- Comment on treating physician, neuropsychologist, or vocational expert reports in the record, including the extent to which you agree or disagree with the views in these reports.
- If you are conducting an appeals examination, you should document prior findings in your report and comment on any consistencies or inconsistencies in the data between your and prior evaluations, within your discipline only.
- Provide a clear and definitive conclusion regarding whether Players meet the benefit criteria at issue, following the standards described above.
- Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys/representatives, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
- The neurology and neuropsychology data report forms need to be filled out completely and legibly. Data is entered into a database and it is critical that the forms are clear and accurate.

For your use, a neurology narrative report template is at EXHIBIT 2 and a neuropsychology report template is at EXHIBIT 3. For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

A. T&P Report Form (EXHIBIT 4)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and state whether each such impairment **"has persisted or is expected to persist for at least 12 months from the date of its occurrence,"** excluding any possible recovery period. You will also be asked to state whether the Player is **substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the Player from working. If you find the Player can work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with a detailed narrative, identifying the medical records provided to you, certifying that you have reviewed those medical records, describing the Player's medical history, listing the medical tests you performed, and so on.

B. LOD Report Form (EXHIBIT 5)

The LOD report form is similar but different from the T&P report form. When completing the LOD report form you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to state whether the Player has a major functional impairment based on his neurological functioning (neurologist).

C. NC Report Form (EXHIBIT 6)

The NC benefit requires the examining neurologist and neuropsychologist to complete independent reports of their examinations and to collaborate on a joint report form. On that joint report form, you will be asked to state whether the Player has "Mild" or "Moderate" neurocognitive impairment and whether such impairment is caused by psychiatric disorder or substance use. The form also permits you to state that you cannot determine whether neurocognitive impairment is present due to validity test problems.

D. 88 Plan Report Form (EXHIBIT 7)

The 88 Plan has a specific form for reporting on Dementia. That form is tailored to the definition of Dementia used by the 88 Plan.

In some cases, a neuropsychological examination will not be performed, but if one is performed, the Report Form (page 4) specifies several reporting requirements, including tests administered, raw scores and normative scores.

The 88 Plan does not have specific forms for cases involving ALS or Parkinson's Disease. In cases involving these diseases, you should provide a thorough and clear narrative report, stating whether the Player meets the diagnostic criteria for these diseases.

NEUROCOGNITIVE TEST BATTERY

The neurocognitive test battery described below must be administered for players applying for T&P, and NC benefits. The current test battery includes the following tests:

- Clinical Interview
- Wechsler Adult Intelligence Scale - IV (WAIS-IV)
 - Similarities
 - Information
 - Block Design
 - Visual Puzzles
 - Digit Span
 - Arithmetic
 - Symbol Search
 - Coding
- Test of Premorbid Functioning (TOPF)
- Wisconsin Card Sorting Test (WCST)
- Delis-Kaplan Executive Function System (D-KEFS): Trail Making (RM), Verbal Fluency (VF) and Color-Word Interference (CWI) subtests
- Boston Naming Test (BNT)
- Wechsler Memory Scale – IV (WMS-IV)
 - Logical Memory I and II
 - Visual Reproduction I and II
- California Verbal Learning Test – 3 (CVLT-3)
- Rey Complex Figure Test (RCFT) - Copy
- Medical Symptom Validity Test (MSVT)
- Test of Memory Malingering (TOMM)
- ACS Embedded Indices (RDS, LM-II Recognition, VR-II Recognition; these have always been administered as part of the test battery, and in 2018 were added to the data recording sheet.)
- Minnesota Multiphasic Personality Inventory-3 (MMPI-3)
- Beck Depression Inventory, 2nd edition (BDI-II)
- Beck Anxiety Inventory (BAI)

Neuropsychological examiners are not permitted to modify the test battery prescribed by the Program in any way. All Players must be administered the same test battery, though there may be instances where Players cannot complete tests due to sensory or motor problems such as dyschromatopsia (color blindness). In such cases, clinical judgment is required to determine if the Player can comply with the demands of the test in question. In contrast to the T&P and NC test battery, the test battery used for the 88 Plan is up to the discretion of the examiner, although there is recommended test battery guidance provided in the 88 Plan Physician's Report. For the 88 Plan, examiners may administer tests not recommended in the report form based on clinical judgment.

Performance and symptom validity testing is an important component in determining eligibility for all benefits. Every Player will be administered embedded and free-standing performance validity and symptom tests. A Player applying for NC or T&P disability who fails both free-standing validity tests (TOMM and MSVT) will not be eligible for a benefit. A Player who fails only one free standing validity test may be eligible for benefits, but only if the neuropsychologist provides a **satisfactory explanation** for why the Player should receive the benefit despite the failed validity test. Examiners must explain why the test data are either valid or invalid based on all the data obtained. Do not add additional performance validity tests beyond those specified in the battery.

Not all metrics in the current test battery have age and education adjusted normative reference groups. When age and education reference groups are available (WAIS-WMS-IV and WCST), examiners must compute and document age-derived as well as age and education adjusted scores on the examination data sheet, and in their report as deemed clinically relevant. WAIS-IV/WMS-IV age and education adjusted T-scores are computed using the Pearson ACS scoring software and WCST T-scores can be found in the normative manual for the WCST. The examination data sheet will provide space for documenting age based scaled scores as well as age and education adjusted T scores, both of which must be reported for every Player examined. No other adjusted scores should be computed or considered when interpreting test data and forming an opinion on the presence of neurocognitive impairment relevant for any Plan benefit.

Neuropsychologists are permitted to use psychometrists pursuant to the policy at EXHIBIT 8. You will be required to identify the psychometrist on your report and on the NC report form. At the current time, there is no specified order in which tests are to be administered, but clinical judgment should be exercised when administering all tests regarding test order, Player arousal and fatigue, as well as stress involved in the examination. The typical time frame for an examination is somewhere between 6 – 7 hours depending on how rapidly the Player completes tests and how many breaks are required during the examination. Almost all Players are cooperative and complete the examination within this timeframe, but in some cases, Players take multiple breaks and the examination may take longer to complete. While the neuropsychological test battery is fixed, there is no structured clinical interview requirement. Consequently, you can address whatever clinical information you feel relevant in forming your opinions. It is imperative, however, that the clinical interview is sufficiently in-depth and well-documented to support interpretations offered in the report.

PRACTICAL CONSIDERATIONS

1. Familiarize yourself with the benefit(s) being applied for and the specific benefit criteria in advance of each exam, so you will be able to address these criteria in your interview and report.
2. In some cases, the Player will have had prior neuropsychological testing, and they may be familiar with the tests being administered. In such cases, it is prudent to ask the Player if he recalls who administered the tests and which tests were administered. If a Plan neutral physician performed the examination and you do not have a copy of their report and data sheet, contact the Player's Benefits Coordinator, who will see if they are available and if so will forward them to you.
3. In some cases, neuropsychologists who are not part of the neutral panel will have performed examinations. If so, you will most likely not have access to any raw data that are not included in the examiner's report. These reports vary in style and content, but often have valuable information that may assist you in your examination of the Player. When you have access to a prior report, you should discuss prior test findings in your report and opine on whether the findings are consistent with your findings.
4. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if a Player is applying for T&P benefits, whether the Player has neurocognitive impairment may be relevant, but simply saying a Player has neurocognitive impairment does not address whether this impairment renders the player "substantially unable to engage in any occupation for remuneration or profit," which must be addressed in your report and on the report form.
5. A consent form is signed by each Player with his application for benefits, but you may use your own consent form if it does not conflict with the content in the NFL Player Benefits consent form.
6. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on his current history and test data.
7. All players should be given a handout related to resources available from NFLlifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
8. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

EXHIBITS

- Exhibit 1: 88 Plan Definitions
- Exhibit 2: Neurology Report Template
- Exhibit 3: Neuropsychology Data Report Form & Report Template
- Exhibit 4: T&P Physician's Report Form
- Exhibit 5: LOD Physician's Report Form
- Exhibit 6: NC Joint Physician's Report Form
- Exhibit 7: 88 Plan Dementia Report Form
- Exhibit 8: Psychometrist Policy

EXHIBIT 1

88 Plan Definitions

Amyotrophic Lateral Sclerosis (ALS)

The 88 Plan defines ALS, also known as Lou Gehrig's disease, as an adult-onset neuromuscular disease characterized by progressive muscle wasting, weakness, and spasticity resulting from the degeneration of cortical and spinal motor neurons. Some physicians are specially trained to make a diagnosis of ALS.

Dementia

The 88 Plan defines Dementia to mean dementia diagnosed when there are cognitive or behavioral (neuropsychiatric) symptoms that meet the following criteria:

1. The symptoms interfere with the ability to function at work or at usual activities; and
2. The symptoms represent a decline from previous levels of functioning and performing; and
3. The symptoms are not explained by delirium or major psychiatric disorder; and
4. Cognitive impairment is detected and diagnosed through a combination of (1) history-taking from the patient and a knowledgeable informant and (2) an objective cognitive assessment, either a 'bedside' mental status examination or neuropsychological testing. Neuropsychological testing should be performed when the routine history and bedside mental status examination cannot provide a definitive diagnosis.
5. The cognitive or behavioral impairment involves a minimum of two of the following domains:
 - a. Impaired ability to acquire and remember new information-symptoms including: repetitive questions or conversations, misplacing personal belongings, forgetting events or appointments, getting lost on a familiar route.
 - b. Impaired reasoning and handling of complex tasks, poor judgment-symptoms including: poor handling of safety risks, inability to manage finances, poor decision-making ability, inability to plan complex or sequential activities.
 - c. Impaired visuospatial abilities-symptoms including inability to recognize faces or common objects or to find objects in direct view despite good acuity, inability to operate simple instruments, or orient clothing to the body.

- d. Impaired language functions-symptoms including: difficulty thinking of common words while speaking, hesitations; speech, spelling, and writing errors.
 - e. Changes in personality, behavior, or comportment-symptoms including: uncharacteristic mood fluctuations such as agitation, impaired motivation, initiative, apathy, loss of drive, social withdrawal, decreased interest in previous activities, loss of empathy, compulsive or obsessive behaviors, socially unacceptable behaviors.
6. The differentiation of Dementia from mild cognitive impairment rests on the determination of whether there is significant interference in the ability to function at work or in usual daily activities. This is inherently a clinical judgment made by a skilled clinician based on the individual circumstances of the patient and the description of daily affairs of the patient obtained from the patient and from a knowledgeable informant.
7. Notwithstanding any of the above, Dementia excludes dementia where the use or abuse of substances is the primary cause.

Parkinson's Disease

The 88 Plan defines Parkinson's Disease as a progressive neurodegenerative condition resulting from the deficiency of the dopamine-containing cells of a section of the brain called the substantia nigra.

A diagnosis of Parkinson's Disease is primarily a clinical one based on history and examination. People with this disease usually have symptoms such as akathisia, rigidity, and resting tremor.

Exhibit 2

Neurology Report Template

CS-00390

NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN NEUROLOGY REPORT FORM

Player Name: _____

Date of Birth: _____

Neutral Physician: _____

Date of Evaluation: _____

Duration of this Visit: _____

CHIEF COMPLAINTS:

1) _____

2) _____

3) _____

CLINICAL HISTORY:

COGNITIVE SYMPTOMS:

| | YES | NO | Comments: onset, severity, duration, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI |
|---|-----|----|---|
| Concentration/Attention (mathematics) | | | |
| Memory Loss | | | |
| Visual Spatial (Getting Lost) | | | |
| Planning/Decision Making | | | |
| Language: (comprehension, reading, writing) | | | |
| Other | | | |

INSTRUMENTAL ACTIVITIES OF DAILY LIVING: (if they report problems in any area, please include an explanation)

Check writing, paying bills, balancing a checkbook_____

Assembling tax records, business affairs or papers_____

Shopping alone for clothes, household necessities, or groceries_____

Playing a game of skill, working on a hobby_____

Heating water, making a cup of coffee, turning off the stove_____

Preparing a balanced meal_____

Keeping track of current events_____

Paying attention to, understanding, discussing a TV show, book, or magazine_____

Remembering appointments, family, occasions, holidays, medications_____

Traveling out of the neighborhood, driving, arranging to take public transportation_____

FUNCTIONAL ACTIVITIES OF DAILY LIVING: (if they report problems in any area, please include an explanation)

Eating_____

Bathing_____

Dressing_____

Toileting_____

Transferring (walking)_____

Continence_____

NEUROPHYSICAL SYMPTOMS:

| | YES | NO | Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI. |
|--------------------------|-----|----|--|
| Dizziness | | | |
| Vertigo | | | |
| Imbalance | | | |
| Incoordination | | | |
| Gait disturbance | | | |
| Numbness/tingling | | | |
| Facial Weakness | | | |
| Upper Extremity Weakness | | | |
| Lower Extremity Weakness | | | |
| Headaches | | | |

| | | | |
|---|--|--|--|
| Pain | | | |
| Dysphagia | | | |
| Visual complaints (double vision/blurring | | | |
| Speech Changes (e.g. dysarthria) | | | |
| Tremor | | | |
| Seizures | | | |
| Fatigue | | | |
| Other | | | |

BEHAVIORAL SYMPTOMS:

| | YES | NO | Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI. |
|---------------------|-----|----|--|
| Depression | | | |
| Anxiety | | | |
| Mania | | | |
| Impulsivity | | | |
| Disinhibition | | | |
| Aggression | | | |
| Apathy | | | |
| Personality Changes | | | |
| Sleep Disturbances | | | |
| Other | | | |

HISTORY OF HEAD TRAUMA: (Discuss all non-football, pre-wee, high school, college and professional football concussions. Discern between documented and undocumented concussions. Document any practice/game time missed because of concussions. Comment on the presence or absence of LOC and or amnesia or any other associated symptoms):

PAST MEDICAL HISTORY:

| | YES | NO | Comments |
|-----------------|-----|----|----------|
| Diabetes | | | |
| Hypertension | | | |
| Heart Disease | | | |
| Stroke | | | |
| Anemia | | | |
| Thyroid Disease | | | |
| Cancer | | | |
| Kidney Disease | | | |
| Liver Disease | | | |
| Lung Disease | | | |
| Arthritis | | | |
| Other | | | |

PAST SURGICAL HISTORY:

PAST PSYCHIATRIC HISTORY:

| | YES | NO | Comments/Dates/Circumstances: |
|--|-----|----|-------------------------------|
| Did the Player ever have a previous episode of Depression, Mania, Anxiety, Psychosis | | | |
| Past psychiatric visits/psychotherapy/counseling | | | |
| Past psychiatric hospitalizations | | | |
| History of suicide attempt(s) | | | |
| History of suicide thoughts | | | |
| History of aggression and violence | | | |
| History of criminal justice contact | | | |
| History of Learning disabilities | | | |
| History of ADHD | | | |
| Other | | | |

PRIOR NEUROLOGICAL OR NEUROPSYCHOLOGICAL EVALUATIONS/TESTING: Yes ___ No _____

Comments: _____

PAST MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications. If any discontinuation why and when):

CURRENT MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications):

ETOH/ SUBSTANCE ABUSE/STEROIDS HISTORY:

| | YES | NO | Comments: (Age first used, amount, frequency, duration, longest period without using, last used) |
|-------------------------|-----|----|--|
| ETOH | | | |
| Marijuana | | | |
| Cocaine | | | |
| Opiates | | | |
| Stimulants | | | |
| Ecstasy | | | |
| LSD | | | |
| PCP | | | |
| Abuse of Rx Medications | | | |
| Anabolic Steroids | | | |
| Other | | | |

FAMILY HISTORY:

| | YES | NO | Comments |
|---------------------|-----|----|----------|
| Dementia | | | |
| AD | | | |
| Parkinson's Disease | | | |
| Seizures | | | |
| Other | | | |

EMPLOYMENT HISTORY:

OTHER SOCIAL HISTORY: (Living Arrangements, Marital Status, and Hobbies)_____

REVIEW OF SYSTEMS:

| | |
|------------------|--|
| Skin | |
| Eyes | |
| Head | |
| Lungs | |
| Cardiac | |
| Gastrointestinal | |
| Endocrine | |

| | |
|---------|--|
| Urinary | |
| Neuro | |

GENERAL MEDICAL EXAMINATION:

Vital Signs: BP: ____ Pulse: ____ Weight: ____

Skin: _____

HEENT: _____

Neck: _____

Cardiac: _____

Lungs: _____

Abdomen: _____

Back: _____

Extremities: _____

COGNITIVE EXAM (MOCA):

Total MOCA Score ____/30 (attach assessment form)

Visuospatial/Executive: ____/5

Naming: ____/3

Attention: Digits ____/2

Letters ____/1

Serial 7s ____/3

Language: Repeat ____/2

Fluency ____/1

Abstraction: ____/2

Delayed Recall: ____/5

Orientation: ____/6

Other cognitive testing (Specify):

NEUROLOGICAL EXAMINATION

Handedness: ___ Left ___ Right

Cranial Nerves:

Are the following cranial nerves intact?

| | YES | NO | Not Tested | Describe any abnormality |
|-----------|-----|----|------------|--------------------------|
| I | | | | |
| II | | | | |
| III/IV/VI | | | | |
| V | | | | |
| VII | | | | |
| VIII | | | | |
| IX/X | | | | |
| XI | | | | |
| XII | | | | |

Frontal Lobe Release Signs:

| | YES | NO | Not Tested | Describe any abnormality |
|-------------|-----|----|------------|--------------------------|
| Snout | | | | |
| Glabellar | | | | |
| Jaw Jerk | | | | |
| Palmomental | | | | |
| Other | | | | |

Motor:

| | YES | NO | Not Tested | Describe any abnormality |
|----------------------------|--------|----------|------------|--------------------------|
| Atrophy | | | | |
| Tremor | | | | |
| | Normal | Abnormal | | |
| Tone | | | | |
| Strength Upper Extremities | | | | |
| Strength Lower Extremities | | | | |

Reflexes:

| | YES | NO | Not Tested | Describe any abnormality |
|-------------------|--------|----------|------------|--------------------------|
| | Normal | Abnormal | | |
| Upper Extremities | | | | |

| | | | | |
|-------------------|--|--|--|--|
| Lower Extremities | | | | |
| Babinski | | | | |

Cerebellar:

| | YES | NO | Not Tested | Describe any abnormality |
|--------------------|-----|----|------------|--------------------------|
| Finger -Nose | | | | |
| Heel-Shin | | | | |
| Dysdiadochokinesis | | | | |

Sensory:

| | YES | NO | Not Tested | Describe any abnormality |
|------------|-----|----|------------|--------------------------|
| Sharp/dull | | | | |
| Vibration | | | | |
| Position | | | | |
| Other | | | | |

Gait:

| | Normal | Abnormal | Not Tested | Describe any abnormality |
|-----------|--------|----------|------------|--------------------------|
| Heel Walk | | | | |
| Toe Walk | | | | |
| Tandem | | | | |

Romberg:

| | Positive | Negative | Not Tested | Describe any abnormality |
|--|----------|----------|------------|--------------------------|
| | | | | |

IMPRESSION AND DISCUSSION:

- Discuss only the conditions/issues that the Players have identified in their application for benefits.
- Your assessment should be a “snapshot” of the Player’s condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. Players with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable major depression and /or other psychiatric disorders and that he may benefit from a psychiatric consultation
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- For each Neurological diagnosis discussed, address how and to what extent the impairment limits the patient’s functionality
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.

Signature of Neurologist

Date

EXHIBIT 3

**Neuropsychology Data Report Form
and Narrative Template**

CS-00401

NFL Disability Program Neuro-Cognitive Battery

| | | | |
|--------------|--|--------------------|--|
| Age (years): | | Education (years): | |
|--------------|--|--------------------|--|

| TOPF and WAIS-IV Composite Scores | Age SS | Education Adjusted T score | %tile | Description |
|--|--------|----------------------------|-------|-------------|
| Pre-morbid Intellectual Functioning | | | | |
| TOPF (Standard Score) | | N/A | | |
| | | | | |
| WAIS-IV Composite Scores | | | | |
| Verbal Comprehension (VCI) | | | | |
| Perceptual Reasoning (PRI) | | | | |
| Working Memory (WMI) | | | | |
| Processing Speed (PSI) | | | | |
| Full Scale I.Q. (FSIQ) | | | | |
| General Ability (GAI) | | | | |
| | | | | |
| WAIS-IV Subtest Scores | | | | |
| Verbal Comprehension Index | | | | |
| Similarities | | | | |
| Information | | | | |
| | | | | |
| Perceptual Reasoning Index | | | | |
| Block Design | | | | |
| Visual Puzzles | | | | |
| | | | | |
| Working Memory Index | | | | |
| Digit Span | | | | |
| Arithmetic | | | | |
| | | | | |
| Processing Speed Index | | | | |
| Symbol Search | | | | |
| Coding | | | | |

| Test | Score | T-Score | %tile | Description |
|---|-------|---------|-------|-------------|
| Processing Speed/Efficiency | | | | |
| WAIS-IV Symbol Search (SS) | | | | |
| WAIS-IV Coding (SS) | | | | |
| D-KEFS Visual Scanning (SS) | | N/A | | |
| D-KEFS Number Sequencing (SS) | | N/A | | |
| D-KEFS Letter Sequencing (SS) | | N/A | | |
| | | | | |
| Executive Functioning | | | | |
| Wisconsin Card Sorting Test (WCST) | | | | |
| Categories Completed (Raw) | | N/A | | |
| Persev. Responses (Raw Score) | | | | |
| Persev. Errors (Raw Score) | | | | |
| Failures to Maintain Set (Raw) | | N/A | | |
| D-KEFS Color Naming (SS) | | | | |
| Color Naming (SS) | | N/A | | |
| Word Reading (SS) | | N/A | | |
| Inhibition (SS) | | N/A | | |
| Inhibition/Switching (SS) | | N/A | | |
| Number Letter Switching (SS) | | N/A | | |
| Letter Fluency (SS) | | N/A | | |
| Category Fluency (SS) | | N/A | | |
| Category Switching (SS) | | N/A | | |
| | | | | |
| Attention/Working Memory | | | | |
| WAIS-IV Digit Span (SS) | | | | |
| WAIS-IV Arithmetic (SS) | | | | |
| | | | | |
| Verbal Learning/Recent Memory | | | | |
| CVLT III | | | | |
| Trial 1 (SS) | | | | |
| Trial 5 (SS) | | | | |
| Sum Trials 1-5 (Standard Score) | | | | |
| Short Delay Free Recall (SS) | | | | |
| Short Delay Cued Recall (SS) | | | | |
| Long Delay Free Recall (SS) | | | | |
| Long Delay Cued Recall (SS) | | | | |
| Delayed Recall Correct (Stan Score) | | | | |
| LDFR v SDFR (SS) | | | | |
| Learning Slope (SS) | | | | |
| Total Intrusions (SS) | | | | |
| WMS-IV | | | | |
| Logical Memory I (SS) | | | | |
| Logical Memory II (SS) | | | | |
| | | | | |
| Nonverbal Learning/Recent Memory | | | | |
| WMS-IV | | | | |
| Visual Reproduction I (SS) | | | | |
| Visual Reproduction II (SS) | | | | |

| Test | Score | T-Score | %tile | Description |
|--|-------|---------|-------|-------------|
| Language | | | | |
| Boston Naming Test (Raw Score) | | N/A | N/A | |
| Scale Score | | N/A | | |
| D-KEFS Category Fluency (SS) | | N/A | | |
| | | | | |
| Spatial-Perceptual Skills | | | | |
| Rey-Osterrieth Figure Copy (Raw Score) | | N/A | | |
| T-Score (optional) | | | | |
| WAIS IV Block Design (SS) | | | | |
| WAIS-IV Visual Puzzles (SS) | | | | |
| | | | | |
| Motor Speed | | | | |
| D-KEFS Motor Speed (SS) | | N/A | | |
| | | | | |

| Performance Validity Indices | Score | Description |
|------------------------------------|-------|-----------------------|
| TOMM Trial 1 | | |
| TOMM Trial 2 | | |
| TOMM Retention | | |
| MSVT - IR | | |
| MSVT - DR | | |
| MSVT - CNS | | |
| MSVT - PA | | |
| MSVT - FR | | |
| CVLT-III Forced Choice Recognition | | |
| | | Base Rate Probability |
| ACS – RDS | | |
| ACS – WMS-IV LM Recognition (Raw) | | |
| ACS – WMS-IV VR Recognition (Raw) | | |
| | | |

| Mood/Personality | Score | Range |
|---|----------------|--------------|
| BDI-II (Raw Score) | | |
| BAI (Raw Score) | | |
| | | |
| MMPI-3 | T-Score | |
| Variable Response Inconsistency (VRIN-r) | | |
| True Response Inconsistency (TRIN-r) | | |
| Combined Response Inconsistency (CRIN) | | |
| Infrequent Responses (F-r) | | |
| Infrequent Psychopathology Responses (Fp-r) | | |
| Infrequent Somatic Responses (Fs) | | |
| Symptom Validity (FBS-r) | | |
| Response Bias Scale (RBS) | | |
| Uncommon Virtues (L) | | |
| Emotional/Internalization Dysfunction(EID) | | |
| Thought Dysfunction (THD) | | |
| Behavioral/Externalizing Dysfunction (BXD) | | |
| Demoralization (RCd) | | |
| Somatic Complaints (RC1) | | |
| Low Positive Emotions (RC2) | | |
| Antisocial Behavior (RC4) | | |
| Ideas of Persecution (RC6) | | |
| Dysfunctional Negative Emotions (RC7) | | |
| Aberrant Experiences (RC8) | | |
| Hypomanic Activation (RC9) | | |
| Malaise (MLS) | | |
| Neurologic Complaints (NUC) | | |
| Cognitive Complaints (COG) | | |
| Suicidal/Death Ideation (SUI) | | |
| Stress (STR) | | |
| Worry (WRY) | | |
| Compulsivity (CMP) | | |
| Anxiety Related Experiences (ARX) | | |
| Anger Proneness (ANP) | | |
| Cynicism (CYN) | | |
| Substance Abuse (SUB) | | |
| Aggression (AGG) | | |
| Self-Importance (SFI) | | |
| Dominance (DOM) | | |

Specific Instructions for Data Entry**Important Guidelines:**

- This form must be submitted with your narrative report. Some neuropsychologists use tables with a different format embedded in their reports. Doing so is your decision, but this data form must be included with the report.
- Contact Dr. Garmoe to obtain a Word file version of this data report form. The form is sometimes subject to minor modifications and formatting changes. Do not cut and paste the form from this manual.
- Do not modify this form in any way. If you think there is an error or change to be made, contact Dr. Garmoe to discuss.
- The test battery cannot be modified in any way. Adding tests during the examination or when completing the data sheet is prohibited.
- We recognize that each examiner might group scores in domains differently than the domains represented on the data sheet. Nonetheless, do not modify the form.
- Please follow the instructions below carefully. Reviewing reports for appeals cases and quality assurance requires that the data be entered consistently.
- If you use a psychometrist for testing and data entry, be sure she/he has been trained on the instructions below. Please also periodically check their entries to be sure they are staying consistent.
- One of the most consistent sources of confusion has been reporting of T-Scores. Follow the directions below carefully regarding reporting and not reporting T-Scores

Description Column (far right column in data tables): It is not required that you fill in this column but most examiners make a brief narrative entry (e.g., Average, WNL, Mild Impairment, etc.). We do not mandate which test score descriptors you utilize.

Shaded and N/A Cells and Columns: If a cell in the table is shaded or marked N/A, that means no data are entered in that spot.

Performance Validity/Effort Measures:

- TOMM: Enter the raw score for each trial. Do not report scores as % correct
- MSVT: Enter the % correct from the test report
- CVLT-III Forced Choice Recognition – Raw Score
- ACS Indices:
 - Reliable Digit Span: Highest forward and backward trials for which both trials are passed (even if lower trials are not both passed).
 - WMS-IV Logical Memory Recognition Raw Score

- WMS-IV Visual Reproduction Recognition Raw Score
- For the ACS indices, put the Base Rate Probability score in the right-side column (e.g., >25% Base Rate, <15% Base Rate). The Base Rate score comes from the ACS software, not the regular WAIS-IV/WMS-IV scoring output. Be sure to enter the ACS base rate. If you also want to include the Cumulative Base Rate Probability from the ACS software/tables it is best to add it to the narrative report.

TOPF:

- Report the SS.
- Do not report a demographically-derived estimate for premorbid I.Q., as these incorporate race as a variable

WAIS-IV/WMS-IV:

- For all Composite Indices and Subtests, report the Scale Score and %tile
- Report the education-adjusted T-Scores from the ACS software for the following:
 - WAIS-IV WMI, PSI, and each of the individual subtests
 - WMS-IV: LM-I, LM-II, VR-I, VR-II
- The VCI, PRI, FSIQ, and GAI T-Score column is shaded in, because even if you use demographically adjusted scores, the ACS software won't compute them (since we don't use Vocabulary and Matrix Reasoning, the software won't generate the demographic adjustments for those Composites)

D-KEFS:

- You will be administering all trials of the DKEFS Trail Making task, all trials of the Color-Word task, and the Phonemic, Category, and Category Switching test scores from the Verbal Fluency task.
- Enter Scale Scores for all D-KEFS tasks and %tiles. There are no T-scores to be reported for D-KEFS tasks, so do not make entries in the T-Score column (e.g., do not simply convert the SS to a T-Score – leave the column blank).

CVLT-III:

- The scores to be entered are Age-adjusted Scale Score (SS). For two indices (Trials 1-5 Total, Delayed Recall Correct), enter the Standard Score. For all indices, also enter the Age/Education/Sex-adjusted T-Score. Both the age-adjusted and demographically-adjusted scores can be generated from the scoring software.

Boston Naming:

- Enter the raw score and the scale score based on the Heaton norms. We are entering the

raw score out of convention, since historically many neuropsychologists are used to looking at this value. Do not enter the Heaton-derived T-score.

Rey-Osterrieth Complex Figure:

- Enter the raw score/scale score and the T-score. We are entering the raw score out of convention, since historically many neuropsychologists are used to looking at this value. It is not necessary that you include the SS and/or T from the manual but it is preferable.

BDI-II and BAI:

- Enter the raw score for each test

MMPI-3:

- Enter the report-generated T-scores for all the scales listed.
- You do not need to make an entry into the 'Range' column but are welcome to do so.

NFL PLAYER DISABILITY & SURVIVOR BENEFIT PLAN

**NEUROCOGNITIVE BENEFIT
NEUROPSYCHOLOGY REPORT FORM**

Player Name: _____

Neutral Physician: _____

Date of Evaluation: _____

DOCUMENTS REVIEWED – list

TESTS ADMINISTERED (see attached)

BEHAVIORAL OBSERVATIONS – describe briefly

RELEVANT PSYCHOSOCIAL/MEDICAL HISTORY – describe briefly

TEST RESULTS

Domains – Under each domain, provide a concise narrative discussing your test results

1. Intellectual Ability
2. Information Processing
3. Attention/Working memory
4. Memory/Learning (Visual and Verbal)
5. Executive Functioning
6. Language Functioning
7. Visual Perceptual Skills
8. Personality /Mood

Validity Tests – indicate how the Player performed on the following validity tests

Part 1

Test results on TOMM and MSVT were valid _____

Invalid test results on TOMM and MSVT _____

Invalid test results on TOMM only _____

Invalid test results on MSVT only _____

Invalid test results on embedded validity tests
(CVLT-II, WMS IV, and WAIS IV Reliable Digits) _____

Part 2 (Complete only if test results were invalid on either the TOMM or MSVT, but not on both of those tests)

Overall test results were invalid and cannot be
used to establish whether the Player has
acquired neurocognitive impairment _____

Some test results were invalid, but the test results
overall establish the Player has acquired neurocognitive
impairment _____

Some test results were invalid, but the test results
overall do not establish the Player has neurocognitive
impairment _____

Provide a detailed explanation for your answer to above:

IMPRESSION – describe your overall impression of the Player's neuro-cognitive condition

USE OF TESTING ASSISTANTS

Check ONE:

_____ This neuropsychologist conducted the entire examination, including records review, clinical interview, neuropsychological testing and scoring, and interpretation and report preparation.

_____ This neuropsychologist conducted the records review, clinical interview, and interpretation and report preparation. Neuropsychological testing was conducted by _____, a neuropsychology post-doctoral fellow or a psychometrician. This neuropsychologist is responsible for supervision of the fellow or psychometrician who conducted the testing.

Signature of Neuropsychologist

Date

Exhibit 4

T&P Physician's Report Form

CS-00414

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player’s name: DOB: Phone:

Player’s address:

Player’s Credited Seasons:

Claimed impairments:

1. Did you receive records for this Player? ☐ YES | ☐ NO If so,
how many pages? _____
2. Did you evaluate the Player? ☐ YES | ☐ NO If so,
when? _____
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
4. Based on your evaluation, what is the nature of the Player’s impairment(s)?
(Attach additional sheets if necessary.)

| Impairment to | e of impairment | |
|---------------|----------------------------------|--|
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Other – _____ |
| | <input type="checkbox"/> Injury | <input type="checkbox"/> Unknown |

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO
☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____

6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

Signature

Date

Exhibit 5

LOD Physician's Report Form

CS-00417



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM - NON-ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: DOB: Phone:

Player's address:

Player's Credited Seasons:

Claimed impairments:

- Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? _____
- Did you evaluate the Player? ☐ YES | ☐ NO If so, when? _____
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO
- For impairments related to the **LOSS OF HEARING, SPEECH, OR SIGHT**, please rate the impairment(s) as follows:

| | Loss | Cause | Comments |
|-----------------|--|--|---|
| Loss of Hearing | <input type="checkbox"/> 0-29% | <input type="checkbox"/> Illness | |
| | <input type="checkbox"/> 30-54% | <input type="checkbox"/> NFL football | |
| | <input type="checkbox"/> 55-79% | <input type="checkbox"/> Other – _____ | |
| | <input type="checkbox"/> 80% or greater | <input type="checkbox"/> Unknown | |
| | Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery determined period? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be |

| | Loss | Cause | Comments |
|--|------|-------|----------|
|--|------|-------|----------|

CS-00419

| | | | |
|--|---|--|--|
| Loss of Speech | <input type="checkbox"/> 0-29% | <input type="checkbox"/> Illness | |
| | <input type="checkbox"/> 30-49% | <input type="checkbox"/> NFL football | |
| | <input type="checkbox"/> 50-69% | <input type="checkbox"/> Other – _____ | |
| | <input type="checkbox"/> 70% or greater | <input type="checkbox"/> Unknown | |
| Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined | |

| | | | |
|--|----------------------------------|--|-----------------|
| Loss of Sight | Loss | Cause | Comments |
| | <input type="checkbox"/> 0-29% | <input type="checkbox"/> Illness | |
| | <input type="checkbox"/> 30-49% | <input type="checkbox"/> NFL football | |
| | <input type="checkbox"/> 50-69% | <input type="checkbox"/> Other – _____ | |
| <input type="checkbox"/> 70% or greater | <input type="checkbox"/> Unknown | | |
| Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined | |

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ** or **part of the central nervous system**? ☐ YES
☐ NO

If you checked YES:

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. _____

- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☐ I reviewed all records of this Player provided to me.
- ☐ I personally examined this Player.
- ☐ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☐ My findings reflect my best professional judgment.
- ☐ I am not biased for or against this Player.

Signature

Date

Exhibit 6

NC Joint Physician's Report Form

CS-00423

JOINT PHYSICIAN REPORT FORM

NEUROCOGNITIVE DISABILITY BENEFITS

Notice to Physicians: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: **DOB:** **Phone:**

Player's address:

Player's Credited Seasons:

Claimed impairments:

1. Did you receive records for this Player? ☐ YES | ☐ NO If so,
how many pages? _____

2. Did you evaluate the Player? ☐ YES | ☐ NO If so,
when? _____

3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☐ NO

4. Does the Player show evidence of acquired neurocognitive impairment?
☐ YES | ☐ NO | ☐ UNABLE TO DETERMINE due to low scores on validity measures

If you checked YES:

- Is the Player's acquired neurocognitive impairment **mild** or **moderate** as defined by the Plan? ☐ Mild* | ☐ Moderate†
- Is the Player's neurocognitive impairment likely secondary to a primary psychiatric problem or substance use/abuse problem?
☐ No | ☐ Primary psychiatric problem | ☐ Substance use/abuse

* **Mild impairment:** Player has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

† **Moderate impairment:** Player has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

CS-00425

5. Do you have any additional remarks? _____

Please provide the required narrative reports with this form. **This Joint Physician Report Form will not be complete without the individual reports and the signatures of both Plan neutral physicians.**

We certify that:

- ☐ We reviewed all records of this Player provided to us.
- ☐ We personally examined this Player.
- ☐ This Joint Physician Report Form and the attached narrative report(s) accurately document our findings.
- ☐ Our findings reflect our best professional judgment.
- ☐ We are not biased for or against this Player.

Signature / Neurologist

Date

Signature / Neuropsychologist

Date

Exhibit 7

88 Plan Dementia Report Form

CS-00427



88 Plan Physician's Report Form

Dementia

Reminder: Original medical records and reports from the Player's physician may have been included with this form. You can use them as a reference at any time when completing this form.

Summary

1. Player and physician information

Player's name (first, middle, last)

Neutral physician (first, middle, last)

Date of evaluation

2. Reports attached

List documents

3. Conclusion

Describe your overall impression of the Player's condition, state whether he has dementia, and explain the basis for that determination.



Does the Player have dementia?

PHYSICIAN'S REPORT FORM

Initial if the Player has dementia, then please explain how the Player meets the five criteria for dementia below.*Criteria are based on the NIA/AA Workgroup Criteria (McKhann et al, Alz & Dem 2011).

1. Cognitive impairment is detected and diagnosed through a combination of (1) history-taking from the patient and a knowledgeable informant and (2) an objective cognitive assessment, either a "bedside" mental status examination or neuropsychological testing. Neuropsychological testing should be performed when the routine history and bedside mental status examination cannot provide a confident diagnosis.

Who conducted the evaluation?

Date(s) of evaluation

Name of knowledgeable informant

Documents containing evidence that this criterion was met

2. The impairment represents a decline from previous levels of functioning and performing.

How does current functioning represent a decline from previous levels?

Documents containing evidence that this criterion was met

3. The impairment is not explained by delirium or other major psychiatric disorder.

How have delirium and other psychiatric disorders been excluded?

Documents containing evidence that this criterion was met

4. The impairment must involve at least two of the following symptoms.

Please check
all symptoms
that apply:☐Impaired ability to acquire and remember new information
Impaired reasoning and handling of complex tasks, poor judgment
Impaired visuospatial abilities☐Impaired language functions (speaking, reading, writing)
Changes in personality, behavior, or comportment

Documents containing evidence that this criterion was met

5. The impairment interferes with the ability to function at work or during usual activities.

Which areas of functioning are affected? Please provide documents containing evidence that this criterion was met.



Checklist for dementia assessments

PHYSICIAN'S REPORT FORM

Reminder: The original medical records provided by the Player can be referenced as you complete this section of your physician's report.

Indicate the name of the doctor and date of the doctor's report for each element listed below.

| Domain | Assessment information | Standardized measures |
|--|--|--|
| Claimant history of cognitive complaints and associated changes Narrative provided by physician or psychologist based on interview with the Player. | Who conducted the evaluation? Date(s) of assessment | Provide narrative text of cognitive changes since last well visit. Include discussion of any associated functional changes. Include discussion of any associated behavioral, neurologic, or psychiatric changes. |
| Informant history of cognitive complaints and associated changes Narrative provided by physician or psychologist based on interview with a family member or other knowledgeable informant. | Who conducted the evaluation? Date(s) of assessment | Provide narrative text of cognitive changes since last well visit. Include discussion of any associated functional changes. Include discussion of any associated behavioral, neurologic, or psychiatric changes. |
| Informant ratings of cognitive and functional changes Scale ratings by informant | Who conducted the evaluation? Date(s) of assessment | Provide informant rating on AD-8 questionnaire or Informant Questionnaire for Cognitive Decline (IQCODE). Provide informant rating on the Functional Assessment Questionnaire (FAQ). AD-8 IQCODE FAQ |
| Family history Narrative provided by physician or psychologist | Who conducted the evaluation? Date(s) of assessment | Address presence or absence of memory disorder, dementia, depression, or other neuropsychiatric condition in the family. |
| Personal history Narrative provided by physician or psychologist | Who conducted the evaluation? Date(s) of assessment | Provide relevant social history to include educational attainment (degrees, grades/GPA), employment history, current employment. Include current activities in daily life. |
| Medical history Report provided by physician | Who conducted the evaluation? Date(s) of assessment | Provide listing of past and current medical problems, review of symptoms, current medications. |
| Psychiatric history Narrative provided by physician or psychologist | Who conducted the evaluation? Date(s) of assessment | Provide history of mental health treatment, prior diagnoses, and medications prescribed. Also include any previous psychological evaluations, including psychoeducational evaluations. |
| Substance use history (last | Who conducted the evaluation? | Discuss past and current use of alcohol, tobacco, prescribed substances (i.e., pain killers, sedatives, |

| | | |
|---|-----------------------|--|
| year) Narrative provided by physician or psychologist | Date(s) of assessment | hypnotics, steroids), over-the-counter substances (include steroids, diet pills etc.), and illicit drugs (marijuana, cocaine, etc.). |
|---|-----------------------|--|



Checklist for dementia assessments

PHYSICIAN'S REPORT FORM

| Domain | Assessment information | Standardized measures |
|--|-------------------------------|---|
| Medications | Who conducted the evaluation? | List all prescribed medications. |
| | Date(s) of assessment | |
| Physical examination Report provided by physician | Who conducted the evaluation? | Conduct standard physical examination. |
| | Date(s) of assessment | |
| Neurologic examination Report provided by physician | Who conducted the evaluation? | Conduct standard neurologic examination. |
| | Date(s) of assessment | |
| Mental status examination Report provided by physician or psychologist | Who conducted the evaluation? | Conduct standard mental status examination. |
| | Date(s) of assessment | |
| Bedside cognitive assessment Report provided by physician or psychologist | Who conducted the evaluation? | Provide listing of past and current medical problems, review of symptoms, current medications. |
| | Date(s) of assessment | MMSE MOCA |
| Bedside functional assessment Report provided by physician or psychologist | Who conducted the evaluation? | Indicate recent score on Instrumental Activities of Daily Living scale (IADL). Indicate recent score on Basic Activities of Daily Living scale (ADL). |
| | Date(s) of assessment | IADL ADL |
| Bedside neuropsychiatric assessment Report provided by physician or psychologist | Who conducted the evaluation? | Provide recent ratings on the Neuropsychiatric Inventory Questionnaire (NPI-Q). |
| | Date(s) of assessment | NPI-Q |
| Neuropsychological assessment, if indicated Report provided by neuropsychologist. If it is not possible to be examined by a neuropsychologist, a psychologist may conduct the examination. | Who conducted the evaluation? | Provide: • IF score on the MMSE or MOCA is within normal range (MMSE >22, MOCA >24) • OR IF there is any indication of malingering • OR IF the claimant's age suggests low probability of dementia |
| | Date(s) of assessment | |
| Laboratory studies, if indicated Report provided by physician | Who conducted the evaluation? | Describe results from blood, urine tests relevant to a dementia evaluation. |
| | Date(s) of assessment | |
| Brain imaging studies, if indicated Report provided by physician | Who conducted the evaluation? | Describe results from brain imaging tests relevant to a dementia evaluation. |
| | Date(s) of assessment | |

CS-00432



Neuropsychological tests administered

PHYSICIAN'S REPORT FORM

Reminder: We have provided you with a suggested neuropsychological test battery should you decide to administer one. If you choose other tests to administer please indicate on page 6.

1. Was a neuropsychological test battery administered?☐ YES. Continue to item 2☐ NO. Explain why the battery was not needed. _____**2. Was the suggested neuropsychological test battery below administered?**

For each test, provide a raw score and a normed score. If a narrative is required return it with this form and indicate you have done so.

☐ YES, fill out the table below☐ NO, continue to 3A

| Test | Raw Scores | Normed Scores | Narrative included |
|---|------------|---------------|--------------------------|
| Wechsler Test of Adult Reading (or National Adult Reading Test, or similar test) Estimated premorbid intellectual functioning | | | <input type="checkbox"/> |
| Trail Making Test Psychomotor speed, visual search, and an aspect of executive functioning | | | <input type="checkbox"/> |
| Digit Span Test (from the Wechsler Adult Intelligence Scale, 4th Edition or Wechsler Memory Scale, 4th Edition) Simple attention and working memory, and to obtain reliable digit span to infer effort | | | <input type="checkbox"/> |
| Boston Naming Test Access to semantic information | | | <input type="checkbox"/> |
| Controlled Oral Word Association Test or similar initial-letter word-list generation task Phonemic fluency to be used as a comparison with category fluency | | | <input type="checkbox"/> |
| Category Fluency Test Access to semantic information | | | <input type="checkbox"/> |
| Clock Drawing Test (request and copy trials) Conceptually guided constructional praxis, visual perception, aspect of executive functioning | | | <input type="checkbox"/> |
| Rey Complex Figure Test, with copy, incidental, and delayed recall trials Visual perception, visuoconstruction for a complex stimulus, visual memory | | | <input type="checkbox"/> |
| Brief Visuospatial Memory Test-Revised Edition Visual learning and memory, visuoconstruction for simple stimuli | | | <input type="checkbox"/> |
| Hopkins Verbal Learning Test-Revised Edition Auditory, rote (word-list) learning and memory, comparison of free recall and cued recall (i.e., recognition memory) | | | <input type="checkbox"/> |
| Logical Memory from the Wechsler Memory Scale, 4th Edition (WMS-IV) Auditory memory for information in context (paragraph recall), comparison of free recall and cued recall (i.e., recognition memory) | | | <input type="checkbox"/> |
| Test of Memory Malingering Feigning cognitive impairment; poor effort (Please provide scores for all trials administered.) | | | <input type="checkbox"/> |
| Wisconsin Card Sorting Test or similar executive functioning task Aspects of executive functioning (attentional shifting, concept formation, non-verbal problem-solving) | | | <input type="checkbox"/> |
| Geriatric Depression Scale or similar assessment of mood/psychiatric symptoms Quantification of self-rated depression, or other psychiatric symptoms as indicated by patient complaints | | | <input type="checkbox"/> |

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186.

6

CS-00433



3A. If suggested battery was not administered, who selected the battery?

Name of Neuropsychologist

What are his or her qualifications?

Is he/she a Board Certified (ABPP) Neuropsychologist?

☐ YES. Yes continue to 3B

☐ NO. Why not? _____

3B. Selected neuropsychological battery

For each test, provide a raw score and a normed score. If a narrative is required return it with this form and indicate you have done so.

| Test | Raw Scores | Normed Scores | Narrative included? |
|------|------------|---------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |



I reviewed and considered all records provided by the NFL Player Benefits Office in connection with the Player's claim.

Signature of Physician

Signature of Neuropsychologist/Psychologist

Date Completed

Date Completed

Exhibit 8

Guidelines For Use of Neuropsychological Test Technicians in Neuropsychological Evaluations

These guidelines set forth the Plan's minimum standards for psychometrists and psychology doctoral trainees who serve as “neuropsychological test technicians” in the process of disability examination by psychologists hired by the Bert Bell/Pete Rozelle NFL Player Retirement Plan or NFL Player Disability & Survivor Benefit Plan (together, the "Plans"). Neuropsychologists who perform disability examinations on behalf of the Plan are expected to adhere to these minimum standards in selecting assistants who will administer neuropsychological tests. Violation of these guidelines may result in termination of psychologists from the neuropsychological panel maintained by these plans.

Background

The practice of having either **psychology pre-doctoral students, post-doctoral fellows, or Bachelor/Master's prepared psychometrists (aka “neuropsychological test technicians”)** assist with standardized testing as part of a formal neuropsychological evaluation is common practice in many, but not all, psychology settings within hospitals, larger clinics, and some private practice (see Ruff et al, 2006; Barth et al, 2000). Standard practice for the psychologist is to specify the roles of the neuropsychological technician within a given evaluation. Trained and supervised psychometrists as “clinical extenders” have been used in various states by approximately 51.6% of over 1300 neuropsychologists surveyed in a 2002 study (Sweet et al, 2002). The National Academy of Neuropsychology has recognized the validity of neuropsychological test technicians (Ruff, Barth, Broshek, et. al., 2006).

Minimum Qualifications of Neuropsychological Test Technicians:

1. Post-Doctoral Psychology Fellows who are provided supervision on testing and scoring of tests administered;
2. Pre-Doctoral Psychology Interns who are provided supervision on testing, and scoring of tests administered;
3. Students in a doctoral graduate psychology program who have undergone a prior psychology testing course, are trained by the neuropsychologist on specifics of testing to be administered, and are provided supervision on testing and scoring of tests administered;
4. A Bachelor's or Master's prepared psychometrist who meets specific state requirements (if applicable in a given state) to work as a 'Psychological Assistant,' and are provided supervision on testing and scoring of tests administered.

Role of Psychologist

The psychologist will:

1. Assure appropriate training and supervision of the neuropsychological test technician in accordance with the National Academy of Neuropsychology's standards of clinical neuropsychological practice, the current version of which is attached.
2. Complete an independent review of the Player's medical documentation prior to initial intake session.
3. Perform the initial clinical interview with the Player.
4. Review completeness of tests administered.
5. Review accuracy of test scoring and ensure that appropriate standardized norms have been utilized.
6. Prepare a report integrating the Player's medical history, interview findings, and patterns of test strengths and weaknesses, and complete such forms as the Plans may provide. Such reports will contain the psychologist's own comments and conclusions as to the Player's impairments, without regard to those of the neuropsychological test technician.